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**An evaluation of centralized provision of social  
services: the case of Lisbon's Police Department**

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Dissertação para obtenção de grau de mestre em Gestão e Políticas Públicas

## **DECLARATION**

I, Bruno Azevedo Alle student number 205189, hereby declare that this research thesis is my own original work, that all reference sources have been accurately reported and acknowledged, and that this document has not previously, in its entirety or in part, been submitted to any University in order to obtain an academic qualification.

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# ABSTRACT

The European crisis and the subsequent Portuguese financial bailout put social policies under heavy pressure as the current debate focus mostly on budgetary cuts. Contrasting with this tendency, the social services from the Portuguese police have been expanding its services through a centralized service provision policy, starting in Lisbon but with plans to expand it to other cities during the next five years. Whether these services should be provided centralised or decentralised is a matter to be researched as how to use the limited public resources more effectively is now more important than ever.

This thesis contributes in this direction by evaluating if there is a rationale for a centralized social policy delivery, if these services are demanded by the users themselves and what is the best alternative to follow.

We find that while its beneficiaries state their interest in this kind of service provision they do not seem to use it, which is quite puzzling. The results show that most of them are unaware of the center's existence and even the majority that is aware does not use it. After applying a regression analysis we find that the major reasons relate to distance issues, particularly when the potential users take more than half an hour to reach it.

Keywords: Social Policy; Public Policy Evaluation; Welfare State;

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# CHAPTER I: INTRODUCTION

## 1.1 Background

Welfare states have been the basis of European social development answering key social needs and providing superior living conditions to its citizens. However economic growth slowdown and ageing societies have meant that the government is cutting back in expenses and that public or social policies are actually on retrenchment (Gooby & Wallace, 2009; Leibrecht & Onaran, 2011). The European credit crunch and the Portuguese financial bailout came to reinforce this need. The paradigm is now “to do more output with fewer resources” (Lane, 2005). Then, the one million dollar question is how can governments use the limited public resources more effectively?

This challenge has prompted major debates on public sector reform such as redefining the role of the state, the services provided or even the beneficiaries. In tendency, this has led to have less State as a provider (even if it continues to be the main funder), more differentiation of services according to willingness of users to pay and reduction of benefits (Pollitt & Bouckaert, 2004; Lane, 2005).

This debate has been reignited in the countries more affected by the crisis such as Portugal in view to meet the bailout arrangements. For example, recently an IMF document (2012/13) attempted to identify key areas to cut through benchmarking Portuguese expenditures with Europe. While these studies are useful, it is fundamental to zoom in each specific area for in-depth studies to fundamentally understand the issues and devise eventual solutions. This thesis contributes in this direction by evaluating a specific social policy delivery in Portugal, the social services from the Portuguese police. It builds on two prominent and related features of Portuguese public service delivery, redundancy of services and low-efficient services.

First, redundancy of services regards the delay that social services were universally implemented in Portugal. While across Europe modern welfare states were being developed, Portugal lagged behind. After earlier ambitious legislation efforts that were often not enforced, *Estado Novo* promoted access to social rights through corporatist insurance bodies. This created exclusive social services to each professional corporation, but left a majority of the population without affordable access to these types of services. The democratic revolution of April 1974 granted a set of universal social rights and institutions, formally establishing a modern welfare state, but lacked the financial and organizational resources needed to put the newly established social policies in fully practice. In spite of improvements such as in health and education, only with Portugal's entry into the European Community in 1986 did the Portuguese government enforce a wider span of social rights through increased social expenditure. While some of the earlier arrangements disappeared as the new ones were implemented, there is yet a multiplicity and overlapping of solutions that may be considered redundant. Many of the

services provided by the analyzed social department are also provided by other public and private sector organizations and the rationale for its existence should be researched.

Second, low-efficient services are somewhat related with the overlapping of services above described. Once created, the parallel services tend to perpetuate the initial logic of functioning instead of the economic rationale of provision. Particularly, a key issue in public sector reform regards the mismatch between the type of services offered and the location these are provided: low vs. high-specialized services; decentralized vs. centralized provision. Low-specialized services that are intended to benefit everyone are cheaper to provide by decentralized territorial units close to the population. Highly-specialized services that often are intended to benefit fewer users are cheaper to provide by territorial units close to the population. Any other combination is a potential sub-optimal provision of services.

These two features help explain why there is an atomicity of social services of different public organizations that often provide similar and overlapping services. In the recent past this has led to two different trends: one is the merging of services to use economies of scale with the objective of improving the efficiency; the other is the reduction of benefits to reduce costs.

## 1.2 Research objectives

Contrasting with this tendency, the SSPPS (social services from the Portuguese police) has been expanding its service and it created, in 2009, a centralized provision of services in Lisbon that concentrated into one place different services such as: medical services (general practitioner, psychiatrist, psychology, paediatrics, nursing), a social worker, a leisure area, equipped with a snack-bar, games room and internet, an utilitarian area equipped with a barbershop a sewing and a laundry room.

Furthermore in its strategic plan for 2012/16 the SSPSP forecasted the creation of a centralized provision of services in Oporto in 2012 (now under review) and revealed the intention of further implanting one of this center's in all of the district capitals. *The center has "the purpose to contribute to the intergenerational integration of its beneficiaries by bringing together beneficiaries of all age groups. The center will contribute to the consolidation of self-esteem and the institutional identity of its beneficiaries."*

Therefore, this thesis aims to identify the optimal provision of services for the SSPSP. To fulfill this objective we draw inspiration on the public policy evaluation methodology however we consider that this methodology fails to take in consideration the clients perspective and the financial analysis. Can a public policy be considered successful if its beneficiaries is not satisfied, or if the public policy is economic feasible?

A word of clarification, the underlying principle driving this research is if it is possible to do better with less, which is radically different from simply proceeding to budget cuts. This is done by contrasting a cost-benefit analysis and a programmatic evaluation, through a performance measurement system, with the SSPSP beneficiaries' perception of the center policy.



Particularly to answer this research question: Is the centralized provision of services for corporatist users demanded by the users themselves and by (economic) rationale?

As a final issue we will attempt to solve the puzzle in which SSPSP's beneficiaries state their interest in the centralized provision of services yet they do not seem to use it.

### **1.3 Thesis outline**

The study is divided into six chapters. Chapter II starts with the review of the literature concerning the evolution of the social policy provision evolution along the years in Portugal. Chapter III covers the social services from the police department and its centralized provision of services. The research methodology is described in chapter IV, while the results are presented and discussed in chapter V. Finally, chapter VI concludes and presents the possible policy implications at this stage.

## CHAPTER II: SOCIAL POLICIES IN PORTUGAL

This chapter provides an overview of the evolution of the social policy implementation in Portugal, often characterized in the literatures in three stages. In the first stage, during the dictatorship of *Estado Novo*, professional corporations (intra-professional solidarity) guaranteed the basic social benefits. A second stage occurred after the revolution of April 25, 1974, when the restoration of democratic lead to the consolidation of social and political rights and a guaranteed universal social protection. The third phase was characterized by the Europeanization of Portuguese welfare state, where the government carried out a number of reforms that moved the country closer to the norms in EU member states and increased the public social expenditure. (Ferrera, 2005; Pereirinha, Arcanjo & Carolo 2009)

Nevertheless we argue that the financial bailout of 2011 and the subsequent recessive measures, led to a new stage of social policy implementation, characterized for a retraction in the social policy process.

### 2.1 Early attempts

Portuguese social security efforts lagged behind much due to its economic divergence of Europe from 77 percent of Western European GDP per capita in 1820 to 36 percent in 1913 (Goulart & Bedi, 2008).

The first legal attempt to create a comprehensive social protection system occurred during Portugal's first republic (1910-1926): the whole of the working population, regardless of sex or occupation was to be covered, on the one condition that their wages were below a certain ceiling. Compulsory social insurance covered the risk of illness, accidents at work, old age, disability and the support of the dependents, in the case of death. In addition, social labor changes were set up to employ the jobless by providing a stimulus for public works.

These measures remained largely on paper, since they were launched with no assessment of their economic viability and no participation by employers and employees. Accordingly, the whole initiative was a complete failure as the laws were never put into practice, the task of providing security to workers and their families continued to be performed by charitable institutions and friendly societies. (Ferrera, 2005 )

Until the 1930s, there was only a rudimentary and symbolic set of welfare policies in action, some of them created exclusively for a small number of industrial workers and public servants. Mutuality associations created in the nineteenth century ran some of the schemes under its control. (Ferrera, 2005; Pereirinha & Carolo, 2009 )

## 2.2 Corporatism, 1933 - 1974

While all across Europe modern welfare states were being developed with the introduction of policies to respond to classical social risks such as old age, disability, sickness, maternity and unemployment, Portugal lagged behind. Nevertheless it is interesting to notice that Portugal was among the first set countries to establish family allowances even though with extremely strong gaps in its coverage.

Table 1: A comparison on social benefit laws in Europe

Country	Family allowance	Maternity	Sickness	Accident Compensation	Unemployment	Retirement	Disability
Germany	1935	1889	1889	1884	1927	1883	1883
France	1932	1930	1930	1898	1905	1910	1910
Sweden	1947	1913	1913	1901	1934	1891	1891
Italy	1937	1929	1943	1898	1919	1919	1919
Spain	1938	1929	1942	1900	1919	1919	1919
Portugal	1942	1962	1935	1913	1975	1935	1935
United Kingdom	1945	1911	1911	1911	1911	1925	1911
Denmark	1952	1892	1892	1898	1907	1891	1921

Source: Accident compensation from Huberman and Meissner (2010); other social benefit laws from Pereirinha, Arcanjo and Carolo (2009). IN Goulart and Bedi (2013)

It was not until the 1933 that the Portuguese constitution attributed “to the state the responsibility of promoting and developing solidarity, welfare, co-operation and institutions providing mutual support”. The Law 1884 of 16 March 1935, created four categories of social protection institutions: (Pereirinha & Carolo, 2009; Ferrera 2005)

The first category was comprised of the security institutions of corporate bodies. They were compulsorily financed by contribution from employers and employees and included wage earners in trade and industry, farm workers, and registered seamen.

The second category was comprised by retirement and welfare funds. It was compulsory financed by contributions from employers and employees and covered workers in a relationship of subordination in industry and in the services of certain professions or companies. These schemes corresponded to the corporative welfare funds in those companies and sectors alone. They covered the risks of sickness, invalidity and old age, as well as family benefit in the case of the insured person's death

The third category was comprised by mutual aid associations. In these associations the membership was optional and the menu of covered risks varied according to the insurance, it was financed by members' contribution only.

Finally the last category was comprised welfare institutions of the state servers and administrative bodies, the membership was optional, in certain cases, compulsory in others yet similarly the coverage against risks varied depended according to the institution involved.

Despite ambitious legislation, the system and its operation were still quite unsatisfactory and inefficient, since the social protection system did not cover the majority of the population and a National Health Service did not exist, and the investment in education was insignificant. The government's responsibilities did not include running or financing any component of a public welfare system, but merely setting-up and co-ordination of institutions to attain social

policy goals. The aim was simply to create the legal framework of the system in which these institutions were to operate. (Ferrera, 2005)

## 2.3 Social Security for all, 1975 - 1986

With the fall of the dictatorship, the newly instituted democracy led to the consolidation of citizenship and political rights. One of its dimensions meant the universal granting, widening and deepening social rights. (Pereirinha & Carolo, 2009)

Progress in social protection policies meant the establishment of a set of measures, such as: the national minimum wage; the implementation of a social pension for anyone above 65 years of age or to disable persons over 14 years, unemployment benefits; medical supplies for both sickness and maternity, family allowance for unemployed contributors and the creation of the national health system in 1979. (Ferrera, 2005)

This period of designing and consolidating the social protection system, culminated in the *Lei de bases da segurança social* (Law of social security) of 1984, which remained in force until 2000. This law established a system that organized the existing schemes under the headings “contributory”, “non-contributory” and “social action” as illustrated in the table below. (Ferrera, 2005: 216)

**Table 2: Social Security organization**

	<b>Contributory regime</b>	<b>Non-contributory regime</b>	<b>Social Action</b>
<b>Target population</b>	Dependent workers Independent workers; Their relatives;	Families; The disabled; The aged, when not covered by the contributory regime	The needy families and dependents; Poor urban and rural neighborhoods;
<b>Components</b>	General compulsory scheme	Non-contributory social protection schemes	Social assistance; Household services and social equipment; National Programme to combat Poverty;
<b>Main risks and schemes</b>	Sickness; Maternity; Occupational hazard; Unemployment; Disability; Old age; Death; Family benefits;	Child support through family benefit; Maternity and surviving dependents' benefits; Social pension and disability benefit;	Economic and social breakdown; Social discrimination; Social and community development; Dependent family members' needs (long-term care)

Source: Ferrera, 2005: 216

These new measures, combined with others in the fields of labor, health and education, provoked a sharp rise in public expenditure but also produced the broad effect of redistributing income and providing universal social protection. This led to a consideration that a welfare State had been formally set up in Portugal, still with important gaps in protection, in particular in terms of safety nets. (Ferrera, 2005; Pereirinha & Carolo, 2009 ). Perhaps more importantly, the new democratic lacked the financial sustainability to match the increase in public social expenditures.

Until 1986 Portugal suffered periods of great instability and severe constraints, characterized by a sharp decrease in GDP, a chaotic productive system, a lack of the minimum financial resources to ensure the quality of the policies created, and a scarcity of institutions

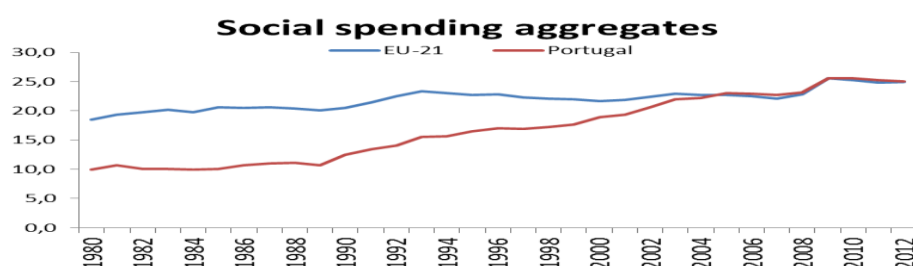
resources to put them in practice. It required a stronger economic support basis but also strengthening a solidarity tax for its realization (Pereirinha & Carolo, 2009). The period saw two IMF interventions and zigzag social expenditure policies according to the financial possibilities.

## 2.4 European “bliss”, boosting quantity and quality of care, 1986 – 2007/8

This context would change with the adhesion to the European Union in 1986. Thereafter, economic growth marked the period from 1986 to 2001 and the GDP grew by an average of 3.4% per annum.

During this period, Portugal made a significant effort to catch up with its European counterparts in terms of its expenditure on social protection, regarded as the main mirror of a country’s social effort. The convergence in social expenditures with Europe is shown in Figure 1 by the comparative evolution of social spending between 1980 and 2012. The data show not only an undeniable increase in spending, but also a clear approximation of the levels of social spending in Europe.

Figure 1: Evolution of Social spending aggregates (OECD)



Source: Public social spending totals reflect detailed social expenditure programme data for 1980-2009; national aggregated for 2010-2011 and estimates for 2012, as based on national aggregates in national sources, and/or the OECD Economic Outlook, No 91, May 2012, and the European Union’s Annual Macro-economic database (AMECO), as at May 2012.

This period is characterized by an Europeanization of the Portuguese welfare state, since the government carried out a number of reforms that moved the country closer to the norms in EU member states and was marked by an undeniable evolution on the social policy provision.

The amounts of benefits increased at a fast rate, the minimum pension under the contributory system rose 24.3%, the social pension under the non-contributory system increased 42%, and the average pension grew by 37% between 1995 and 2000. (Ferrera, 2005)

Between 1995 and 2000 there was a period of development known as the “new generation” of active social policies, the main lines of this reform were: The assertion of the State’s prime public responsibility to promote protection policies, especially with the most disadvantaged groups, the introduction of the principle of “positive discrimination in social protection measures” and fight against poverty, as one of the priorities. The table below shows the non-pension social benefits existent in Portugal.

**Table 3: Non-pension Social Benefits**

	Type of Coverage	Who is Eligible	Source of Finance
Social Insurance	Maternity/ Paternity Cash benefits	Contributing employers, employees and self employed	Compulsory social insurance scheme (individual and employer contributions & transfer from the general budget)
	Disability/ Sickness		
	Long-term care		
	Death grant		
	Accident (work)	Compulsory private insurance for employers and self employed persons	Financed by the employers; self-financed for self- employed
Social Insurance: Labour Market Programs	Unemployment benefit	Contributing employers, employees and self employed	Compulsory social insurance scheme (individual and employer contributions & transfers from the general budget)
	Social unemployment benefit	Quasi non-contributive. For unemployed with lower qualifying periods than required for unemployment benefit or to extend the duration of benefits for unemployment benefit recipients who still remain unemployed	
Social Assistance	Housing benefit	Non-contributive. Means tested to households below a person eligibility threshold based on income; Means-testing is less strict than RSI.	Municipal budgets
	Education	Means-tested grant for tertiary level students for living expenses and tuition	Financed by transfers from the general budget
	Child benefits	Non-contributive. Means-tested to families below a certain reference income; threshold is higher than that for RSI benefits.	
	Minimum guaranteed income (social insertion income, RSI)	Non-contributive. Means tested to households below a person eligibility threshold based on income.	
	Funeral allowance	Paid to a person who paid the funeral costs of any member of his family or of any other person residing in Portugal and with no right to a death grant.	
	Long-term care cash benefit	Non-contributory means-tested	

Source: IMF 2013

Since 2001 different governments have shown to be worried with the fiscal sustainability of the increase of social expenditure. It is important to acknowledge that the Portuguese government introduced measures, through the Law 4/2007, to guarantee the sustainability of the social security system. These measures included the update of the retirement age according to life expectancy, freezing or limiting the higher pensions and the promotion of protective measures and incentives for hiring and retention of jobs of older workers. However, as we have seen in the figure 1, these measures did not have the desired effect on controlling the countries' social spending.

## 2.5 Financial bailout, 2007 onwards

Fiscal performance in terms of deficits and levels of public debt has deteriorated in a significant number of OECD countries and when the credit crunch hit Europe, it set in motion a rapid wave of attention to financial and economic problems.

National governments responded with large-scale bailouts, and this pushed the snowball of economic problems to the European agenda as deficits were rising rapidly and the euro, the symbol of monetary integration, came under so much pressure that experts began to predict its collapse and deficit issues came to dominate over all other topics translating itself into a crisis of public budgets. (Breuning & Bussemeyer, 2012; Timmermans, 2012)

Following a financial bailout in 2011 by a troika - the European Commission, the European Central Bank and the International Monetary Fund, the Portuguese Government agreed to implement an austerity plan, but even before, in the stability program Growth Pact of 2010, the Portuguese felt the weight of these measures, table 3.

**Table 4: Austerity Measures**

	2010	2011	2012
<b>Income</b>	<ul style="list-style-type: none"> <li>-Freezing of admissions and career progressions for the public Administration;</li> <li>-Taxation of capital gains fellows at a rate of 20%.</li> <li>-IRS (Income tax of individuals) rate of 45% on income above 150,000 euros per year;</li> </ul>	<ul style="list-style-type: none"> <li>-Cut 3,5% to 10% for civil servants that earn more than 1500 euros per month;</li> <li>-All proceeds were affected by the freezing of the specific deduction in IRS(Income tax of individuals);</li> <li>-All pensions were frozen;</li> <li>-Tax the equivalent of 50% the Christmas bonus;</li> </ul>	<ul style="list-style-type: none"> <li>- End early retirement at age 55 from 2012 onwards;</li> <li>- Confiscation of the civil servants and pensioners' Christmas and holiday bonuses;</li> </ul>
<b>Cost of living</b>	<ul style="list-style-type: none"> <li>- Increase in VAT from 20% to 21% (standard rate) of 12% to 13% (intermediate rate) and 5% to 6% (reduced rate).</li> </ul>	<ul style="list-style-type: none"> <li>- The standard rate of VAT increased from 21% to 23% and was extended set of assets subject to the standard rate;</li> <li>- Average increase of 15% in the price of public transport;</li> <li>- Increases VAT on gas and electricity (6% - 23%);</li> <li>- End of the social bus passes (students and citizens over 65 years);</li> </ul>	<ul style="list-style-type: none"> <li>- 4% increase in the electricity monthly cost;</li> <li>- Average increase of 5% in the price of public transport;</li> </ul>
<b>Health Services</b>		<ul style="list-style-type: none"> <li>- User fees have been updated,</li> <li>-Finished exemption from user fees;</li> <li>- Cuts in reimbursements for users of the NHS, particularly in the transport of patients.</li> </ul>	<ul style="list-style-type: none"> <li>- The value of user fees doubled in 2012;</li> <li>- Cut from 200 million euros in hospitals' costs.</li> <li>- Cut the co-transport of patients (30% less)</li> </ul>

	2010	2011	2012
Taxes		<ul style="list-style-type: none"> <li>- 25% taxes' incensement on interest rates, dividends and capital gains on IRS (Income tax of individuals) and IRC (Corporate income taxes);</li> <li>- Cut in the tax deductions on IRS (Health and Education)</li> <li>- Cut of 33% on funeral grant;</li> <li>- Increases in municipal taxes, enacted in several municipalities.</li> <li>- Increase in the IRC (Corporate income taxes);;</li> </ul>	<ul style="list-style-type: none"> <li>- The health costs are now deductible on IRS only 10%.</li> <li>- The housing expenditure is deductible, not at 30% of its value, but in 15%.</li> <li>-The ISV (vehicle tax) for passenger cars suffered an average increase of 6.4% in 2012.</li> <li>-Property Tax decreases of 0.1% for houses reassessed or traded since 2004;</li> </ul>

Source: Author based on the newspapers *Expresso* and *Diário de notícias*

The current crisis, in Portugal, has led to a set of restrictive measures that on one hand has increased population's need for social policies and on the other hand is characterized by a retrenchment on public spending namely in social policies. Furthermore taxes raises cut the income of workers and pensioners increases in the sales taxes as well as pay cuts for government workers, reductions in welfare entitlements and higher ticket prices on public transport.

*"An enhanced fiscal austerity results in a lower budget share of public investments, however at some point governments can no longer resort to easy ways to avoid politically costly budget decisions and are then confronted with difficult political tradeoffs when deciding on the distribution of scarce public funds across different kinds of spending."* (Breuning & Busemeyer, 2012)



## CHAPTER III: SOCIAL PROVISION THROUGH A CORPORATIST AGENCY, THE SSPSP

The previous chapter attempted to summarize the evolution of the social provision in Portugal. This chapter provides an overview of a public agency, the SSPSP (Social services from the Portuguese police) that promotes social support and complementary activities for its beneficiaries, retired and active personnel of the Portugal's Civilian Police (PSP).

After a description of the SSPSP evolution since its corporatist's roots, the focus goes to the SSPSP's current policy of centralized provision of services. In the light of the current crisis characterized by a context of a financial bailout and large budgetary restraint the SSPSP's beneficiaries not only suffered a large cut on their income (through taxes raises), but also the public services and the general cost of living got higher.

Therefore Public Policies aimed at the social area are increasingly felt and on the one hand the implementation of the centralized provision of services on different cities might play an important role in the social policy provision for its beneficiaries. On the other hand the implementation of these centers will require a major financial investment that might go against the use of the limited public resources effectively.

### 3.1 Public Agency analysis, the SSPSP

The SSPSP is a Public agency, under the responsibility of the *Ministério de Administração Interna* (Ministry of Internal Affairs), with administrative and financial autonomy legally framed by the Decree-Law N.º 42.794 of December 31, 1959 amended by the Decree-Law n.º 43.421 of December 22, 1960 and the Decree-Law n.º 44 564 of 11 September 1962.

The SSPSP's mission is to *"promote social support and complement activities to increase welfare and morale of its associate members, retired and active personnel of the Portuguese police. That by virtue of their status as police, are or have been subject to the risks of the profession, such as availability and mobility, as well as with regard to exceptional levels of physical and psychological, complaining why social support with different specificities that make them equally worthy exercise, independent and supportive of his duties as a public authority, contributing to self -worth and institutional identity."*

The membership is compulsory to all of the PSP's personnel, and the SSPSP is financed by the compulsory contribution of its beneficiaries and through the services it provides.

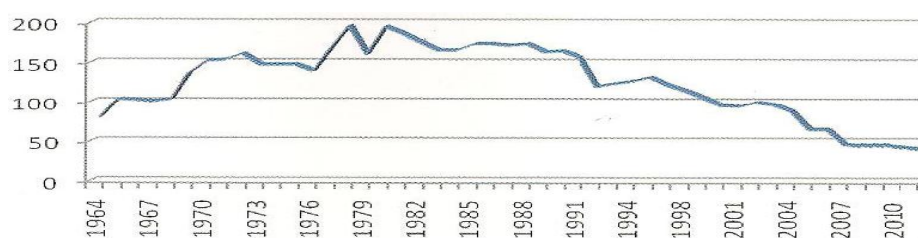
### 3.2 The SSPSP through the years

True to its corporatist roots in its inception, the social services provided by the SSPSP fitted into the Social protection institutions of state services and administrative bodies. The membership was compulsory and covered the risks of the risks of sickness, invalidity and old age, as well as family benefit in the case of the insured person's death. During this period the health and social services of the police were provided by the SSPSP. As the social environment in Portugal changed with the democratic revolution of 1974 the SSPSP abandoned the provision of health services since the state began to intervene in this field.

The turbulent first half of the 1980's saw the SSPSP shift its focus to the provision of anti-poverty policies such as social housing and grocery stores bellow market price. During 1981 and 1985 the SSPSP were able to build 319 of residential blocks through government funds and by the cession of construction land in different capital districts. The SSPSP also provided loans to its members and had grocery stores which sold products and goods below the market price, located within or near the district commands. In its peak during the mid-1980s, the SSPSP had a total of 27 grocery stores. Nevertheless the concurrence of large retail stores, in the first half of the 90s, led to the closure of these stores.

Portugal's entry in the European Union in 1986 and the better economic environment had an impact on the SSPSP's beneficiaries as their economic situation improved. Therefore, the SSPSP focused its new policies on the complementary activities that can be summarized as a non-monetary support designed to increase its beneficiaries contentment. In this field SSPSP invested in the implementation of its own holiday resorts (4 Hotels and a camping resort the first implemented in 1986 and the last in 1999) and the implementation of students housing intended for the children of SSPSP's members (two for each of this cities Lisbon, Oporto, Coimbra, Aveiro, Beja and Madeira).

Figure 2: SSPSP's employees evolution<sup>1</sup>



Source: SSPSP 50 years, commemorative book

The SSPSP did not have the responsibility to pay its employees' wages<sup>2</sup> through its own budget. As result the SSPSP could use its budget entirely on the provision of its services/ social assistance. In early 2007, the SSPSP was faced with the responsibility for paying its employees' wages, Decree-Law n. 7/2007 of 17 January, through its own budget, which

<sup>1</sup> By analyzing the figure it can be seen a sharp drop from the year 2000, the main reason for this fall in addition to the retirement of many of its employees, was the introduction of new technologies and the reorganization of services.

<sup>2</sup> Since its inception through 2007 the SSPSP's personnel were paid by the Government through the PSP budget.

involved the allocation of almost 25% of its budget. As consequence and to ensure its economic viability, in 2007, the SSPSP broke provision of social services for all, because according to its former director<sup>3</sup>, it *“benefits everyone regardless of their incomes, instead the social support is now directed to those who really needed, namely for those with insufficient income or subject of various misfortunes.”* Within this logic the child benefits and the student subsidies were extinguished.

Table 5: SSPSP's services through the years

	Type of Coverage	Description of the service	Who is Eligible
1959 - 1974	Health Services	<b>Medical treatments:</b> Monetary reimbursement in medical treatments (prophylaxis, medical, surgical, nursing and clinical analysis Hematologic or other treatments).	All SSPSP's members
	Financial benefits	<b>Loans:</b> with low interest rates	
	Subsidies	<b>Death Grant:</b> Payment of a death grant to the heirs of subscribers	
		<b>Mother and Child Care:</b> Aid to mothers during pregnancy, delivery, and post-delivery period, as well as the children and newborns in the first phase of childhood, through subsidies or monetary reimbursements	
	Complementary Services	<b>Grocery stores:</b> Sale of products and goods below the market price, located within or near the district commands	
1975 – 2006	Financial benefits	<b>Loans:</b> with low interest rates	All SSPSP's members
	Subsidies	<b>Child benefits:</b> reimbursement in nurseries and kindergartens.	
		<b>Student subsidies:</b> reimbursement for books, tuition and fees of the children of beneficiaries.	
	Complementary Services	<b>Grocery Stores:</b> In its peak the SSPSP had 27 grocery stores. However the concurrence of large retail stores the concurrence of large retail stores, in the first half of 90s, led to the closure of these grocery stores.	
		<b>Hotels:</b> Implementation of 4 Hotels and a camping resort. the first in 1986 and the last in 1999	
		<b>Student Housing:</b> students housing intended for the children of SSPSP's members	
	Housing	<b>Long Term:</b> During 1981 and 1985 the SSPSP were able to build a very remarkable number of residential blocks through the reimbursement fund development of the finance ministry. The extinction of this fund and the reduction of state's subsidies prevented the continuation of this dynamic.	
2007 onwards	Financial benefits	<b>Social Loans:</b> to beneficiaries to meet cash flow difficulties and over-indebtedness.	Granted to beneficiaries who can no longer obtain credit in the bank, after analysis of an social worker.
	Subsidies	<b>Subsidies for the disabled</b>	Beneficiaries who have children with disabilities
		<b>Death Grant:</b> Payment of a death grant to the heirs of subscribers	Heirs of subscribers
	Complementary Services	<b>Centralized provision of services:</b> (Medical Services, Social Workers,- Leisure Area: and a Utilitarian Area)	All personnel and the retired ;
		<b>Hotels:</b> 4 hotels and a camping resort: <b>Student Housing:</b> students housing intended for the children of SSPSP's	All of the personnel's children ;

<sup>3</sup> Superintendente José Torres former SSPSP's director

	Type of Coverage	Description of the service	Who is Eligible
		members	
	Housing	Long Term	All personnel and their family
		Short Term	Young police officers placed outside their area of residence;
	Old age	Retirement house for the elderly	Retired personnel of the PSP

Source: Author based on SSPSP 50 years commemorative book, SSPSP's Activity plans and annual reports

The current economic context of Portugal not only reduced the income of the SSPSP's beneficiaries but also increased considerably the cost of living. Since the civil servants were particularly affected by budgetary cuts on their income and the tax increase on consumption got the cost of living higher, furthermore the access to the National Health Service is nowadays more expensive. The current SSPSP's policy of centralized provision of services might have an important role in the distribution of these services in the future and therefore mitigate the effects of the crisis.

### 3.3 Public Policy Analysis, the Centralized provision of services

At the end of 2011, the SSPSP had **28.557** members and as it can be seen on the figure 2 most of the SSPSP's beneficiaries lives in Lisbon, around 47 per cent and to a minor degree in Oporto, around 16 per cent. Starting in 2009 the SSPSP developed a strategy of a centralized provision of services through the implantation of centers. In its strategic plan for 2012/16 the center is described as a *"strategic project with the purpose to contribute to the intergenerational integration of its beneficiaries by bringing them together within all age groups. The center will contribute to the consolidation of self-esteem and the institutional identity of its beneficiaries. The SSPSP has the intention to create a centralized social center at least in all of the district capitals."*

In October 2009, the centralized provision of services in Lisbon's that gathered into one single place different services such as: **medical services** (GP, Psychiatrist, Psychology, Pediatrics, Nursing), a **leisure area**, equipped with a coffee shop, games room and internet, an **utilitarian area** equipped with a barbershop a sewing and a laundry room and in addition to those services it also provides the service of a **social worker**. It is also forecasted the implementation of a centralized provision of services on Oporto, SSPSP Plan of Activities for the year 2013, along the lines of the one that currently exists in the city of Lisbon, the with an estimate cost of 225.000€.

On the one hand these two centers would be able to provide its services to around 60% of SSPSP's beneficiaries. On the other hand the implementation of this type of services requires a high initial investment and also high maintenance costs that in the current climate of recession and public deficit control are discouraged.

Figure 3: SSPSP's target population demographic distribution



Source: Author based on the SSPSP database

## CHAPTER IV: METHODOLOGY

This chapter provides the methodology applied in this research. Utilizing the public policy evaluation methodology we attempt to evaluate the SSPSP's policy of centralized provision of services. However we argue that the field of public policy analysis is goal oriented and does not take in consideration the economic feasibility of the project nor does it utilizes subjective data like the clients perception. As a result we present a three steps template to evaluate the centralized provision of services policy through a programmatic evaluation complete with the definition of a performance measurement system, a cost-benefit analysis and the clients' perception through the distribution of a web questionnaire.

### 4.1 Public Policy Evaluation

How can a public agency be accountable for results when the expectations are often unclear and contradictory? It is one thing to account for how much money was expended or how many people were served, however it is quite another thing to account for results.

In academia, public policy analysis lacks a single disciplinary home; it draws on the fields of political science, economics, sociology, law, and many others. (Carlson, 2011) Wolman states that *"evaluation in the field of public policy may be defined, in very general terms, as an analytical tool and procedure meant to do an evaluation research or as phase of the policy cycle. The evaluation research, as an analytical tool, involves investigating a policy program to obtain all information pertinent to the assessment of its performance, both process and result. Evaluation as phase of the policy cycle more generally refers to the reporting of such information back to policy making cycle."* (Wolman cit in Fischer, Miller & Sidney, 2007: 393)

For Weimer *"policy analysis defines the problem being addressed, identifies the social values, or goals, relevant to the problem, constructs concrete policy alternatives, projects the impacts of the alternative policies in terms of the identified goals, and makes a recommendation based on an explicit assessment among goals offered by the alternatives."* (Weimer cit in Carlson, 2011: 14)

The public policy evaluation has typically been based on objective measure, however some researchers contend that evaluation is not completed without considering client perceptions of agency performance. (Shingler, Loon, Alter & Bridger, 2008)

Often the following distinctions between types of public policy evaluation are made<sup>4</sup>: ex-ante, ongoing, monitoring, Ex-post and meta-evaluation. (Fischer, Miller & Sidney, 2007) Our study

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<sup>4</sup> The Ex-ante evaluation precedes the decision making process, is meant to anticipate and pre-assess the effects and consequences of planned or defined policies and actions in order to "feed" the information into the upcoming or ongoing decision-making process.

The ongoing evaluation has the task of identifying the (interim) effects and results of policy programs and measures while, in the policy cycle, the implementation and realization thereof is still under way. The essential function of "ongoing" evaluation is to feed relevant information back into the implementation process at a point and stage when pertinent

can be characterized as an academic research that fits into the ex-post evaluation. The ex-post evaluation or program evaluation constitutes the classical variant of evaluation to assess the goal attainment and effects of policies and measures, once they have been completed.

#### 4.1.1 Programmatic evaluation through performance measurement

Traditional policy analysis is a systematic, multi-step process requiring a diverse set of skills and information from a wide variety of sources. While this is an inherently forward-looking endeavor, some of the most valuable evidence for informing predictions about future policy impacts comes from backward-looking policy research and evaluation. (Carlson, 2011)

The task of projecting the impact of policies in terms of various goals requires analysts to assemble all available evidence to accomplish this task it is necessary to conceptualize and define measurable indicators that will allow the measurement of the policy/program's successfulness. A good performance indicators system, help public managers and other stakeholders keep track of how a specific program/policy is doing. (Calahan, 2007; Carlson, 2011) Evaluation research is faced with two main conceptual tasks:

First, to conceptualize the observable real world changes in terms of intended (or non-intended) consequences that policy evaluation is meant to identify and to assess (as, methodologically speaking "dependent variables). Second to find out whether and how the observed changes are casually linked to the policy and measure under consideration (as "independent" variable) (Fisher, Miller & Sidney, 2007)

**Table 6: The major types of performance indicators adapted**

Single Indicators		
Indicators on input	What goes into the system? Which resources are used?	
Indicators on output	Report the quantity of products or units of service provided to a service population within a specified period of time	
Indicators on outcomes	These measures report the results of programs and services. Outcome indicators have both quantitative and qualitative aspects. . Outcome measures typically tell how well something was done.	
Ratio indicators		
Efficiency	Costs/output	These measures are valid only to the extent that there is a clear causal relationship
Productivity	Output/input	
Effectiveness	Output/outcome	
Cost-effectiveness	Cost/outcome (intermediate or final	

Source: OECD, 2009: 16 and Callahan, 2007: 74: 77

The definition of performance measures in the Public Sector represents a major difficulty as the information concerning inputs is almost the only basis to performance measurement and the

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information can be used in order to adjust, correct or redirect the implementation process or even underlying key policy decisions.

The monitoring evaluation is an ongoing evaluative procedure which aims at (descriptively) identifying and, with the help of appropriate, if possible operationalized, indicators, at "measuring" the effects of ongoing activities. The meta-evaluation is meant to analyze an already completed (primary) evaluation using a kind of secondary analysis. The meta-evaluation may review the primary evaluation as to whether it is up to methodological criteria and standards, or may have to accumulate the substantive findings and synthesize the results.

output measurement are complex, since there is rarely a market price defined for the goods and services delivered to the community. As a result the nonfinancial measures are even more prevalent in the public sector given that their objectives are defined mainly in nonfinancial terms.

Public policy evaluation is usually goal oriented meaning that if the goal is reached the policy is considered successful. Performance measurement skeptics will argue that it is nearly impossible, if not downright impossible, to accurately measure what they do. The public sector, unlike the private sector, is mission driven, not profit driven, so there is no bottom line to strive for. (Calahan, 2007)

The academic literature is concerned with the evaluation and explanation of “public service improvement” generally fails to outline and discuss criteria against which success/improvement can be judge<sup>5</sup>.

#### **4.1.2 Financial impact through a cost-benefit analysis**

The cost-benefit analysis pursuit of evidence to support the one most efficient allocation of economic resources deserves critical analysis. It requires the analyst to catalog all efficiency-related impacts of each policy alternative, project these impacts, and then monetize the impacts. Projecting impacts in cost-benefit analysis involves assembling all available evidence that can usefully inform predictions about the likely effects of the policy alternatives.

Despite its straightforward, intuitive nature, cost-benefit analysis rests on difficult choices about what are costs and what are benefits. Projecting the impact of policy alternatives on various outcomes is clearly an imprecise endeavor as a result uncertainty is inherent in the practice of cost-benefit analysis.

The cost-benefit idea represents a tradeoff between efficiency and equality in social and economic affairs. Because of the central, if unwelcome, role that uncertainty occupies in cost-benefit analysis, practitioners must ensure that they adequately communicate the uncertainty associated with their estimates. (Fisher, Miller & Sidney, 2007; and Nowlin, 2011)

Different methods can be applied under the underlying theory of provision and allocation that guides cost-benefit analysis: basic economic feasibility, Pareto optimality and the Kaldor criterion.

Economic feasibility or economic efficiency exists when the benefits from a public program exceed the costs of that program. While the economic feasibility is concerned with efficiency, the Pareto criterion, named after the nineteenth-century economist, goes one step further to allow for equity. The Kaldor criterion, another method of dealing with general welfare of the population, is slightly less demanding. This method begs the question: “*Should we or should we*

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<sup>5</sup> Marsh and McConnel argue that there has not been a framework to properly assess a public policy success. They argue that to measure the public policy success focusing on three dimensions, operational, programmatic and Political. Operational success occurs if a policy is implemented according to objectives laid down when it was approved. A policy may also be successful, in a programmatic sense, if it benefits a particular actor, target group or interest, based on issues such as territory, race, religion and gender. ‘Political’ success is the final benchmark for policy success. In particular, from the perspective of government and the governing party, a policy may be successful if it assists their electoral prospects, reputation or overall governance project. (Marsh & McConnell, 2010)

*not accept a policy if those in the community benefiting from the policy compensate those who lose by the policy?"* (Fisher, Miller & Sidney, 2007: 468-470)

With cost-benefit analysis at least one project needs to be studied in this case the concept is straightforward: first determine benefits and costs, then find the ratio quantified benefits, at their current value to costs at their current value. If the ratio is greater than one (1), the analysis suggests that the project should be considered for inclusion in the government budget or in this case in the public agency budget.

The method of selection of projects through cost-benefit analysis comes from the concept of investment. The investment theory utilizes policy or project comparisons between a stream of benefits and a stream of costs measured at their current value, which is discounting future value into today's value. Generally these comparisons are made on basis of one or two calculations, net present value (NPV<sup>6</sup>) or internal rate of return (IRR)<sup>7</sup>. (Fisher, Miller & Sidney, 2007)

#### **4.1.3 Users' Satisfaction**

Focusing only on internal performance records and other objective data fails to account for the way in which an agency's performance is perceived by its public clients and therefore may give an inaccurate view of agency effectiveness. (Shingler, Loon, Alter & Bridger, 2008)

In order to access perception of the SSPSP's beneficiaries of the centralized provision of services policy, we built a web questionnaire to distribute to all of the PSP's personnel.

The questionnaire was built through the definition of dependent and independent variables, that would allow the assessment of this questions: Are the SSPS's target pollution interested in centralized provision of services; If so, would they be interested in the Lisbon's center template, or would they prefer another template with different kind of services; The reasons that would prevent the beneficiaries from utilizing it; Access its outcome.

The questionnaire had three sections, in the first there were questions that would latter serve, during the data analysis, as independent variables, such as: gender, age, civilian status, number of children, years of education, city of living, professional category, net monthly income and working hours.

The second section had the objective to access the respondent perception of the centralized provision of complementary and social services, through two types of questions, multiple choices and the Likert scale<sup>8</sup>.

The last section of the questionnaire does not have a direct utility in this research. However it might be useful in future studies, which focus on the SSPSP as an organization instead of its policy of centralized provision.

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<sup>6</sup> The NPV measures future streams of benefits and costs by subtracting current value costs from current value benefits. The criterion for selection is a positive number greater than unity (1).

<sup>7</sup> The IRR involves determining the project's internal rate of return. This calculation suggests projects with current value benefits exceeding their current value costs by a given rate, or percentage, are better than those that do not.

<sup>8</sup> The Likert scale is often applied in odd numbers like 5, 7, or 9. It always has a middle neutral point. This gives the respondent more room to think about which side and to what degree he would take in answering the question. For a statistical significance, the Likert scale tends to show the answer as a normal distribution toward a larger middle portion of answers. To avoid this problem we applied a 4 point Likert scale, with an "I do not know option".



## 4.2 Data collection

For this study the research was carried out through a process of document analysis and through the distribution of a web-questionnaire distributed to all of the PSP's Personnel.

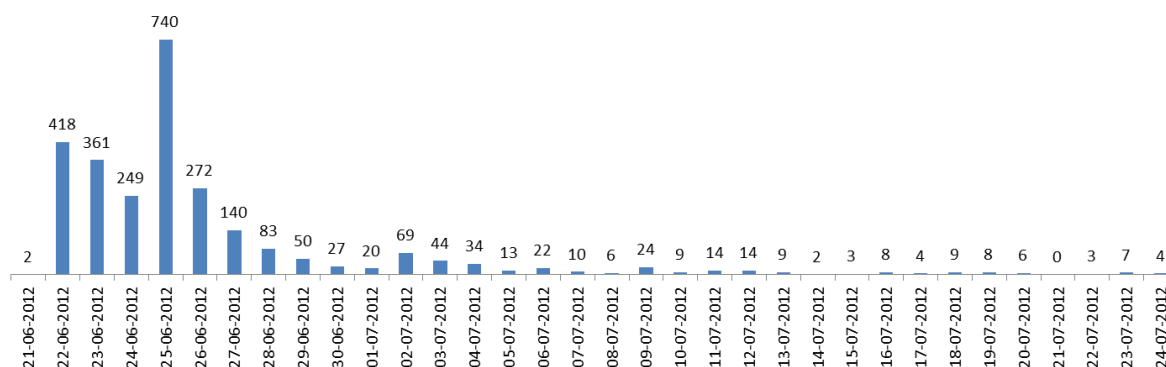
The process of document analysis focused on documents such as the SSPSP's Activity Plan of 2013, the Annual Report from 2007 to 2011 and the Strategic Plan 2012 - 2016, these documents are public and therefore can be accessed by all citizens, Decree-Law Number 183/96 of 27 September. Furthermore we accessed the SSPSP's accounting maps and internal documents to query the data relative to the Lisbon's center. The access and dissemination of these data has been duly authorized by the SSPSP's director.

The commemorative book *Serviços Sociais 50 anos* (SSPSP 50 years) released by the SSPSP, in 2009, to celebrate the 50<sup>th</sup> birthday of the institution, was particularly useful to the characterization of the SSPSP's history described on chapter III.

Given the fact that the SSPSP's beneficiaries are scattered across Portugal it was virtually unfeasible to do the questionnaire by phone or in person therefore the internet seemed the ideal template to distribute it. Furthermore all of the PSP's personnel have a professional email that is assessable to the SSPSP through an electronic mailing list. After official authorization, the questionnaire was emailed through the SSPSP's electronic mailing list to the entire active personnel Portuguese police amounting to around 24.670 members. The email made it very clear the data collection was for a Master thesis and their data were guaranteed anonymity.

Since it was launched in the summer and because we believe that many potential respondents could be on vacation the questionnaire was available online for a little over one month from the 21 of June of 2012 to the 24 of July of 2012. We gathered 2.654 responses<sup>9</sup> nevertheless the majority of responses were in the first week, see figure below. Our responses correspond to a sample size of 11 per cent of the target population.

Figure 4: Questionnaire responses dates



<sup>9</sup>In reality there was an additional 30 questionnaires from the retired personnel, which make a total of 2684. Since the retired personnel does not have a professional email, the questionnaire was sent through their known personal email, however the response rate did not represent the retired population, as result we chose to no utilize these questionnaires in our study.

### **4.3 Ethical considerations and research limitations**

As it was stated before, the SSPSP provides its services to its beneficiaries, the retired and active personnel of the PSP. Unfortunately the retired personnel of the PSP do not have an institutional email therefore we were unable to send this survey to them. In an attempt to solve this problem, we sent the survey to the personal email of the retired personnel utilizing an internal SSPSP database, however the gathered sample was not representative of the retired population consequently we chose not to utilize their answers in our study, reducing the scope of our study to the members in active.

Consent was given by the SSPSP's director for the entire project and specifically for the questionnaire to be distributed to the SSPSP's beneficiaries, through the SSPSP's electronic mailing list.

Each participant was made fully aware of the nature and purpose of this research as an academic project and they were fully aware that their anonymity would be ensured.

## CHAPTER V: RESULTS

This chapter is divided into 3 main sections. The first section contains a programmatic evolution of the centralized provision of services in Lisbon through the performance measurement system defined on chapter IV. The second section is a cost-benefit analysis of the SSPSP's centralized provision policy as a whole with cost estimates for the forecasted center in Oporto. Finally on the third section we analyze the users' perspective through an analysis of the questionnaires' responses.

### 5.1 Programmatic evaluation

Often the best predictor of the future effects of a policy is the past performance of identical or similar policies. (Carlson, 2011) We utilize the provided institutional data to conceptualize the appropriate and measurable indicators in order to make such assessments of goal attainment. In this case we are evaluating the results of the centralize provision of services in Lisbon, summarized on the table below, not the forecasted from Porto.

#### 5.1.1 Input

The centralized provision of services in Lisbon makes its revenue from the services available at the premises. The bar/leisure area is the principal source of revenue representing in average 93%. The medical services and the utilitarian area do not have much weight in the revenue structure, since the prices of the medical services are below prevailing market furthermore clients might be exempt from paying the costs of consultation if they are referred by their district command or the social action office, SSPSP's employees are also exempt. Furthermore the psychology services and the social action office are free of charge.

The center expenses might be organized in three categories, facilities, bar and the staff. Due to lack of SSPSP's personnel the medical services as well as the bar and administrative staff is provided through outsourcing. The exception within this logic is the psychology office since its provided by PSP's therefore does not have impact at the SSPSP budget. The annual costs with the staff represent 50% of the costs, while the facilities (costs electricity, rent, etc.) represent 30% of the annual expenses.

**Table 7: Centralized social provision annual input**

	Revenue	Expenses	Surplus (Loss)
2010	67.314,52 €	(209.074,20 €)	(141.759,68 €)
2011	63.064,27 €	(265.314,52 €)	(202.250,25 €)
2012	65.095,50 €	(239.547,50 €)	(174.452,00 €)
Mean	65.158,10 €	(237.978,74 €)	(172.820,64 €)

Source: Author based on internal SSPSP accounting maps

The Lisbon's center annual input is the result of the annual revenue minus the annual expenses, therefore it has average annual input of minus 172.820,64€, this result suggests a low self-financial sustainability.

### 5.1.2 Output Average Annual usage

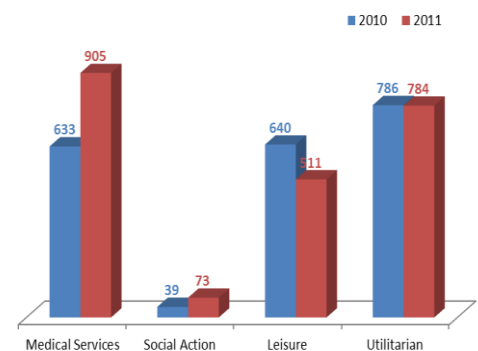
The output reports the quantity of products or units of service provided to a service population within a specified period of time. To determine its output in Lisbon, we utilized the SSPSP's internal data that contains the number of usages per service. These data does not comprehend the number of users, but usages, meaning that it is possible that the same person might have utilized the same service multiple times. The number of usages from the bar is unaccounted as it is quite difficult to measure due to the lack of information.

**Table 8: Lisbon's center annual usages<sup>10</sup>**

	Mean	%	2010	2011	2012
GP	116	5%	61	159	127
Psychiatric	292	13%	247	289	339
Psychology	309	14%	261	357	308
Pediatric	29	1%	N/A	26	61
Nursing	60	3%	64	74	41
Social Workers	70	3%	39	73	99
Barber Shop	392	18%	423	390	363
Laundry	-	-	-	-	-
Seamstress	257	12%	299	282	190
Ironing	89	4%	64	108	96
Bar	-	-	-	-	-
Leisure Area	548	25%	640	511	492
<b>Total</b>	<b>2.161</b>	<b>100%</b>	<b>2098</b>	<b>2269</b>	<b>2116</b>

Source: Author based on internal SSPSP's records

**Figure 5: Annual Usage per service area**



The centralized provision of service in Lisbon has had an average annual usage of 2.186. Among the medical services, the psychology and psychiatric were the most utilized, as well as the barbershop and seamstress at the utilitarian area.

The medical services had a significant evolution of a 43 per cent increase in their usage as well as the social action office with an increase of 83 per cent. The main message seems that users are interested in leisure and psychiatric/psychologist versus others services with a lower usage.

<sup>10</sup> Source: Administrative data internal Organizational records

### 5.1.3 Outcome

The outcome reports measures report the results of programs and services. Outcome indicators have both quantitative and qualitative aspects, and it is usually defined as the direct consequences of the output. Outcomes are the events, occurrences, or changes in conditions, behavior, or attitude that indicates progress

has been made toward the achievement of the mission. (Callahan, 2007: 74: 77)

For this research we defined the outcome as the percentage of users. As each user can utilize the services more than once, this should be distinguished from the number of usages. Because our sample is representative of the beneficiaries (see sub-

chapter 5.3.1), we applied the results of the question “*have you ever used the center in Lisbon*” to estimate the percentage of its users in Lisbon. Only 14 per cent of the potential users effectively use the services from the Lisbon’s center, for more information on the outcome see sub-chapter 5.3.2.

**Figure 6: Outcome % of user of the Lisbon’s center**



### 5.1.4 Summary and ratio Indicators

Measuring an organization’s efficiency or cost efficiency is about the relationship between the outputs it produces and the inputs it uses. An efficient organization would be one that produces the maximum possible outputs given its inputs, or one that produces a certain level of output with the minimum amount of inputs.(Calahan, 2007; Chote, Emmerson & Simpson, 2003)

The Lisbon’s center has an average efficiency, cost per usage of 78,55€. On the other hand it has a cost per user, in other words a cost-effectiveness, of 106,59€. The effectiveness indicates that each user has utilized the Lisbon’s center 1,36 which seems to indicate a low frequency in its core services, the effectiveness does not take in account the usages of the bar, meaning that if we took it into consideration the effectiveness would be considerably higher. For a summary of the performance indicators see the table below.

**Table 9: Performance indicators of the centralized provision in Lisbon<sup>11</sup>**

	Description	Source	Results
Input	Annual expenses minus Annual revenues	Accounting records of the Organization	(171.710,11€)
Output	Average annual usages	Average annual usages	2.062
Outcome	Percentage of users in the Lisbon area	Questionnaire	14%
Efficiency	Input/output	<b>Ratio Indicators:</b> These measures are valid only to the extent that there is a clear causal relationship	78,55€
Productivity	Output/input		0,01 €
Effectiveness	Output/outcome		1,36
Cost effectiveness	Input/outcome		106,59€

<sup>11</sup> Source Administrative data and web-questionnaire

## 5.2 Financial analysis

The objective of the financial analysis is to assess the impact of the centralized provision of services policy in the SSPSP's budget, to achieve this goal we applied a cost-benefit analysis.

### 5.2.1 SSPSP budget

The SSPSP does not receive any Governmental funds furthermore it is funded entirely by the revenue made by the services it provides to its beneficiaries (around 56% of the institution's revenue) and from their compulsory contribution<sup>12</sup> (around 44% of the institution's revenue).

	2007	2008	2009	2010	2011
Human resources	(1.006.824,87 €)	(1.087.226,66 €)	(1.099.913,34 €)	(1.163.573,83 €)	(1.114.467,78 €)
Goods, services and other expenses	(1.378.115,05 €)	(1.639.807,68 €)	(1.869.066,55 €)	(1.952.396,65 €)	(1.998.080,04 €)
Subsidies	(763.988,07 €)	(173.798,49 €)	(136.650,98 €)	(183.895,15 €)	(193.627,32 €)
Investment	(286.751,31 €)	(804.518,34 €)	(626.812,23 €)	(592.844,24 €)	(737.003,38 €)
Loans	(663.055,00 €)	(1.013.890,00 €)	(2.149.230,00 €)	(1.998.788,00 €)	(1.899.860,00 €)
Total expenses	(4.098.734,30 €)	(4.719.241,17 €)	(5.881.673,10 €)	(5.891.497,87 €)	(5.943.038,52 €)
Compulsory contribution	2.334.865,45 €	2.409.834,35 €	2.575.002,06 €	2.637.137,51 €	2.645.781,78 €
Social Houses	617.428,27 €	838.595,90 €	1.091.546,45 €	1.135.019,86 €	1.188.771,36 €
Loan repayment and interest	650.036,47 €	673.248,99 €	1.057.152,67 €	1.280.553,14 €	1.402.778,44 €
Hotels	289.609,98 €	364.669,15 €	448.405,11 €	448.727,49 €	423.264,15 €
Services and other revenues	272.819,32 €	372.562,24 €	260.978,89 €	391.100,08 €	303.841,58 €
Total revenues	4.164.759,49 €	4.658.910,63 €	5.433.085,18 €	5.892.538,08 €	5.964.437,31 €
Surplus (Loss)	66.025,19 €	(60.330,54 €)	(448.587,92 €)	1.040,21 €	21.398,79 €

Source: Author based on the SSPSP's Annual Reports from 2007 to 2011

The compulsory contribution's had an average year growth of 3% between the years 2007 to 2011, despite that it gradually decreased its weight on the revenue's structure. This decrease is directly related with the growth from the revenue of the rents from the social houses and from the loans repayment plus their interest rate.

In average 62% of the SSPSP's annual expenses, between 2007 and 2011, were from the loans granted to its beneficiaries and from the provision of its Services (Social Houses, Hotels, the Lisbon's Social Center, etc.). In addition the institution spent in average 21% of its annual's expenses with Human Resources and 12% on investment (mainly, but not limited to, the maintenance of its facilities).

<sup>12</sup> The SSPSP's Beneficiaries are obligated to contribute 5% of their monthly wage, only the retired personnel of PSP have the option to give up their status as beneficiary while the active personnel does not have that option. In 2012

### 5.2.2 Cost-benefit Analysis

With cost benefit analysis at least one project needs to be studied, first it is necessary to determine benefits and costs, then find the ratio quantified benefits, at their current value to costs at their current value.

The method of selection of projects through cost-benefit analysis comes from the concept of investment. The employed methodology for this analysis was the net present value (NPV), see table 9, since it measures future streams of benefits and costs by subtracting current value costs from current value benefits.

As it was stated before the SSPSP's policy of a centralized provision of services is a central part of the organization strategy to reach its beneficiaries. Furthermore in its strategic plan for the five years of 2012 to 2016, it is described as the SSPSP *"intention to create a centralized social center at least in all of the district capitals."*

In the SSPSP's plan of activities for the year 2013 it is forecasted, with an initial investment of 225.000€, the implementation of a center in the city of Oporto with the same template of the one existing in Lisbon. Considering that it is going to be implemented along the lines of the one existing in Lisbon, it is predicted that the average annual cash flow will be similar.

The SSPSP is a public agency, therefore it is not profit driven, the implementation of the centralized provision of services policy would be financed entirely its budget. The interest rate applied for the NPV was the average inflation, during 2008 to 2012, in Portugal (INE)<sup>13</sup>.

**Table 10: Net Present Value**

$NPV = -\sum_{t=0}^n \frac{I_t}{(1+r)^t} + \sum_{t=0}^n \frac{CF_t}{(1+r)^t}$		
NPV	Net Present Value	
CF	Cash Flows	Average Annual cash flows of the Lisbon's center
I	Initial investment	225.000€ (SSPSP's Plan of Activities for 2013)
r	Interest rate	0,02 (Average inflation for last 5 years)
t	Expected life time of the project	5 years SSPSP's strategic plan for 2012 to 2016

Source: Adapted from Rebelo de Sousa, 2005: 70

For the cost-benefit analysis we considered two options, first the impact on the SSPSP's budget with and without the Lisbon and Oporto's centers for a five years period, from 2013 to 2016.

If the ratio is greater than one (1), the analysis suggests that the project should be considered for inclusion in the government budget or in this case in the public agency budget. (Fisher, Miller & Sidney, 2007) The net present value (NPV) was calculated accordingly to the formula presented in table 11.

<sup>13</sup> <http://www.pordata.pt/Portugal/Taxa+de+Inflacao+%28Taxa+de+Variacao+++Indice+de+Precos+no+Consumidor%29>  
-138

**Table 11: Cost-benefit analysis of the SSPSP's centralized provision policy for a 5 year period**

	Revenue	Benefits	Costs	Surplus (Loss)	Cost-benefit
<b>A</b>	Lisbon's center	372.992,56 €	(1.362.291,10 €)	(989.298,54 €)	0,27
<b>B</b>	Forecasted Oporto's center	307.834,46 €	(1.349.312,36 €)	(1.041.477,90 €)	0,23
<b>C=A+B</b>	Lisbon and Oporto's center	680.827,02 €	(2.711.603,46 €)	(2.030.776,44 €)	0,25
<b>D<sup>14 15</sup></b>	SSPSP without the center	33.564.181,95 €	31.152.857,26 €	2.411.324,69 €	1,08
<b>E= C+D</b>	SSPSP With the center	34.245.008,97 €	33.864.460,72 €	380.548,25 €	1,01

The forecasted Oporto's center has a net present value of minus 1.041.427,44 € which implicates a major financial commitment. When analyzing the SSPSP's centralized provision policy by itself it is clear that the project should not have been implemented nor should it be expanded to other cities, particularly in this case in Oporto, as the combined estimate NPV of the benefits only covers 25 per cent of the costs.

Nevertheless the argument can be made that since the SSPSP is a public agency the centralized provision policy could be implemented (Oporto) and or maintained (Lisbon) if its projected impact is affordable in the SSPSP's budget. As it can be seen on table 10, the estimate impact shows that the SSPSP can afford to provide its centralized policy in Lisbon and Oporto (Colum E) with a positive cost-benefit of 1,01. Despite being economic feasible to the SSPSP's budget, according to the Pareto criterion, the centralized provision policy should not have been implemented nor expanded, since it does not provide its services with equity as it will only be available for beneficiaries of two cities.

To sum up the cost-benefit analysis indicates that this centralized policy should not have been implemented, and as column D of the table 11 demonstrates, the discontinuation of this policy has a cost-benefit of 1,08 and it allows estimate saving of 2.404.967,51€ in five years period, which represents 97€ per beneficiary.

### 5.3 Users Satisfaction

The results presented in chapters 5.1 and 5.2 demonstrate that the SSPSP's centralized provision of services policy is not very efficient nor it is economical feasible, nevertheless focusing only *"on internal performance records and other objective data fails to account for the way in which an agency's performance is perceived by its users and therefore may give an inaccurate view of agency effectiveness"*. (Shingler, Loon, Alter & Bridger, 2008: 1101)

The users' satisfaction information was collected through a web questionnaire built entirely for this research (see annex X). It was distributed to all the PSP's personnel through their professional email. The questionnaire was launched at the 22 June 2012 and stayed online for one month.

<sup>14</sup> Average SSPSP annual revenue (2010/2011) – Average CENTER (2010/2011) in Lisbon annual revenue

<sup>15</sup> Average SSPSP annual costs (2010/2011) – Average CENTER (2010/2011) in Lisbon annual costs



### 5.3.1 The Sample

The universe<sup>16</sup> of our study is constituted by the active personnel of the PSP, around 24.670. All the personnel were asked to answer an online questionnaire and 2.656, around 11 per cent of the studied universe, did so. This is a remarkably high number and provides a good basis for our analysis.

It is true that online questionnaires have its pitfalls. Nevertheless, it is possible to check for the representativeness of the data by comparing our sample with the universe of our study across some key variables dimensions such as: gender, age, professional category and city of residence.

Regarding gender distribution there is a fairly representative distribution as it can be seen on the table below.

**Table 12: Gender (Universe Vs Sample)**

GENDER	Universe		Sample	
	Frequency	Percent	Frequency	Percent
Female	2.667	10,8%	262	9,9%
Male	22.002	89,2%	2.392	90,1%
Subtotal	24.669	100,0%	2.654	100,0%
Blank/ Unknown	5	-	2	-
<b>Total</b>	<b>24.674</b>	<b>-</b>	<b>2.656</b>	<b>-</b>

As for age, the sample seems to represent well the potential beneficiaries, although it seems to underestimate the margins, i.e. the younger and the older groups. A potential explanation may be that the younger members are predominantly on the streets unlike the elders who have desk-jobs. In addition the older members might be less proficient in adhering to new technologies and use less their emails address, reducing the chances of answering our web questionnaire. Nevertheless the age groups of 25 to 54 in our sample are fairly representative moreover they represent 86 per cent of the studied universe.

**Table 13: Age Group (Universe Vs Sample)**

AGE GROUP	Universe		Sample	
	Frequency	Percent	Frequency	Percent
<25	520	2,1%	1	0,0%
25-34	4.998	20,3%	459	17,3%
35-44	8.750	35,5%	1.033	38,9%
45-54	7.526	30,5%	750	28,2%
55-64	2.574	10,4%	130	4,9%
>65	299	1,2%	-	-
<b>Subtotal</b>	<b>24.667</b>	<b>100,0%</b>	<b>2.656</b>	<b>100,0%</b>
Blank/ Unknown	7	-	283	-
<b>Total</b>	<b>24.674</b>	<b>-</b>	<b>2.656</b>	<b>-</b>

Regarding professional category, civil servants and police officers with a higher ranking have a larger weight in the sample than in the universe. The civil servants and police officers with a higher ranking mostly have desk jobs which favor the completion of a web questionnaire

<sup>16</sup> The universe study data, active personnel of PSP, resulted from an analysis of the internal SSPSP's database and it represents the active personnel in the 13 of July of 2012, therefore any entry or exit of elements occurred after this date are not covered in this study. The data is presented and organized for the purpose of this research.

by mail whilst those with a lower ranking are predominantly in the street. Despite also having a professional email address, these will be less likely to respond it.

**Table 14: Rank (Universe vs Sample)**

RANK	Universe n		Sample	
	Frequency	Percent	Frequency	Percent
Civil employees	751	3,1%	177	6,8%
High rank police officer	782	3,3%	137	5,3%
Low rank police officer	22.492	93,6%	2.272	87,9%
<b>Subtotal</b>	<b>24.025</b>	<b>100,0%</b>	<b>2.586</b>	<b>100,0%</b>
Blank/ Unknown / Other categories	649	-	70	-
<b>Total</b>	<b>24.674</b>	<b>-</b>	<b>2.656</b>	<b>-</b>

As for the city of residence, almost half of the beneficiaries are concentrated in Lisbon. In our sample, Lisbon is underrepresented but all others cities are overrepresented. Given the overwhelming weight of Lisbon, this unrepresentativeness, actually improves the accuracy of our estimates for the other cities with fewer observations. Particularly cities like Aveiro, Setubal, Braga, Coimbra, Santarem and Setubal nearly doubled its weight in the sample comparatively to this study's universe.

Despite Lisbon sample being underrepresent in our sample weight it is possible to check for its reliability across some key variables dimensions such as: gender, age, professional category and city of residence, see appendix 1.

**Table 15: City of residence (Universe vs Sample)**

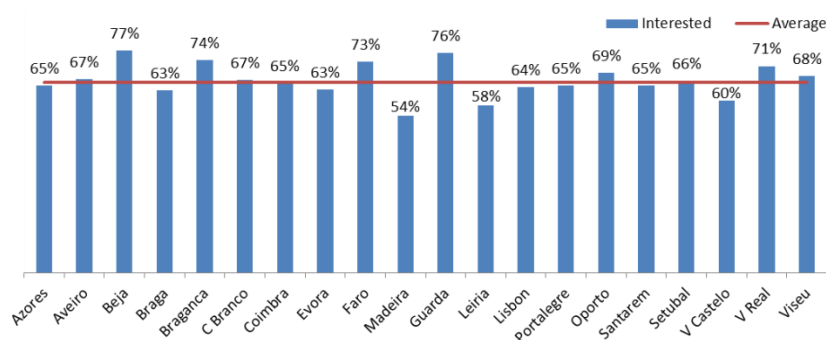
CITY	Universe		Sample	
	Frequency	Percent	Frequency	Percent
Azores	998	4,0%	130	4,9%
Aveiro	573	2,3%	103	3,9%
Beja	236	1,0%	39	1,5%
Braga	625	2,5%	114	4,3%
Braganca	231	0,9%	34	1,3%
Castelo Branco	264	1,1%	36	1,4%
Coimbra	545	2,2%	107	4,1%
Evora	243	1,0%	30	1,1%
Faro	946	3,8%	133	5,0%
Madeira	794	3,2%	94	3,6%
Guarda	185	0,8%	25	0,9%
Leiria	610	2,5%	95	3,6%
Lisbon	11.695	47,4%	668	25,3%
Portalegre	228	0,9%	34	1,3%
Oporto	3.845	15,6%	420	15,9%
Santarem	493	2,0%	147	5,6%
Setubal	1.363	5,5%	289	10,9%
Viana do Castelo	209	0,8%	42	1,6%
Vila Real	247	1,0%	28	1,1%
Viseu	319	1,3%	72	2,7%
<b>Subtotal</b>	<b>24.649</b>	<b>100,0%</b>	<b>2.640</b>	<b>100,0%</b>
Blank/ Unknown	25	-	16	-
<b>Total</b>	<b>24.674</b>	<b>-</b>	<b>2.656</b>	<b>-</b>

### 5.3.2 Interest in a centralized provision of services

Is the centralized provision of services for the SSPSP's beneficiaries demanded by themselves? According to the questionnaires responses 66 per cent of the SSPSP's beneficiaries would be interested in a centralized provision of services. Moreover the difference of opinion between the cities does not change significantly as more than half of the SSPSP's beneficiaries would be interested in a centralized provision of services.

The respondents of Madeira and Leiria had the lowest interest in this kind of centralized service provision contrariwise in Beja, Braganca and Guarda were the ones that expressed more desire in this type of service provision. The opinion of the Oporto's beneficiaries is particularly important since the SSPSP forecast, in its activity plan for 2013, the implementation of a center. According to the questionnaires response around 69% of its beneficiaries would be interested in this kind of provision of services.

Figure 7: Interest in a centralized provision of services



The questionnaire results in Lisbon are quite puzzling since 64 per cent of our sample is interested in this kind of services yet they don't seem to use the existing center in Lisbon. The following questions arise, first if the SSPSP's beneficiaries are interested in most of the services how come the existent Lisbon's center has such a low utilization rate and second why would it be any different in the Oporto or any other city?

### 5.3.3 The Lisbon center

Regarding the Lisbon's beneficiaries, while around 66 per cent responded that they would be interested in a centralized provision of services in Lisbon, yet only 14 per cent of them have actually used it.

This is quite puzzling. One explanatory reason might be that the information of the Lisbon's center does not reach its beneficiaries and therefore they are unaware of its existence. For that reason it was asked on the questionnaire if they were aware of its existence.

While the fact that most potential users are not actually aware of the center's existence, around 66 per cent, which is certainly a major issue, in addition to play a major role in its utilization, yet it does not hold when we look more carefully to the data, as the result suggest

that are other variables to be take into consideration since 59 per cent of those who were aware about it have never effectively used it not even once.

Table 16 disaggregates the data on interest by the knowledge of the center's existence and additionally by if the person was actually utilizing the services.

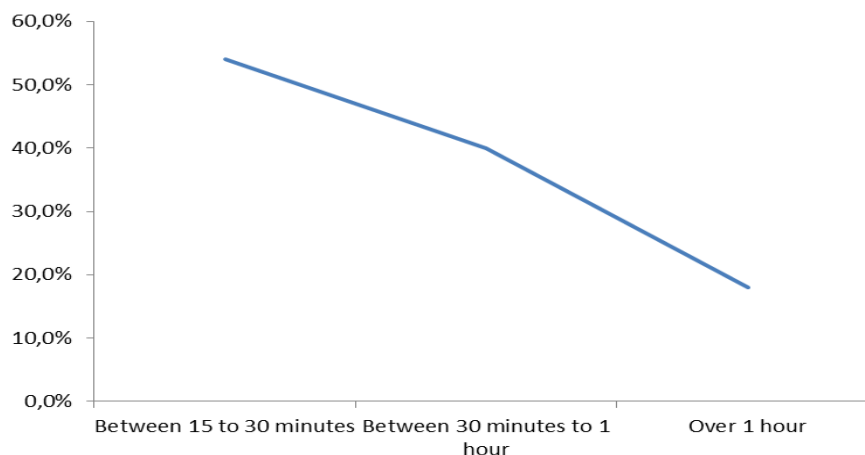
**Table 16: Were you aware of the center existence in Lisbon**

	Interested		Not Interested		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Did not know of its existence	275	64,3%	168	70,0%	443	66,3%
Knew of its existence and has <b>used it at least once</b>	68	44,4%	24	33,3%	92	40,9%
Knew of its existence but has <b>never used it</b>	85	55,6%	48	66,7%	133	59,1%
Total respondents that Knew of its existence	153	35,7%	72	30,0%	225	33,7%
<b>Total</b>	<b>428</b>	<b>100,0%</b>	<b>240</b>	<b>100,0%</b>	<b>668</b>	<b>100,0%</b>

Note: Only including respondents living in the Lisbon area

Could it be that other variables such as the distance from the center affect its utilization? The figure 8 shows that when the delay-time to reach the Lisbon increases its utilization decreases, as 54 per cent of those who are aware of the Lisbon's center existence has used, at least one of its services, if they spent between 15 minutes to 30 minutes to reach its location. However if they spent between 30 minutes and 01 hour the utilization drops to 40 per cent while those who spent more than one hour the utilization drops to 18 per cent.

**Figure 8: Lisbon's center usage versus time spent in reaching it**



Note: Only including respondents living in the Lisbon area

The influence of the distance as a key variable to the non-usage of the Lisbon's center is reinforced by the questionnaires' response, as both those who have used the center and those who never did it choose the distance as the explanatory reason to not use it, see figure 9.

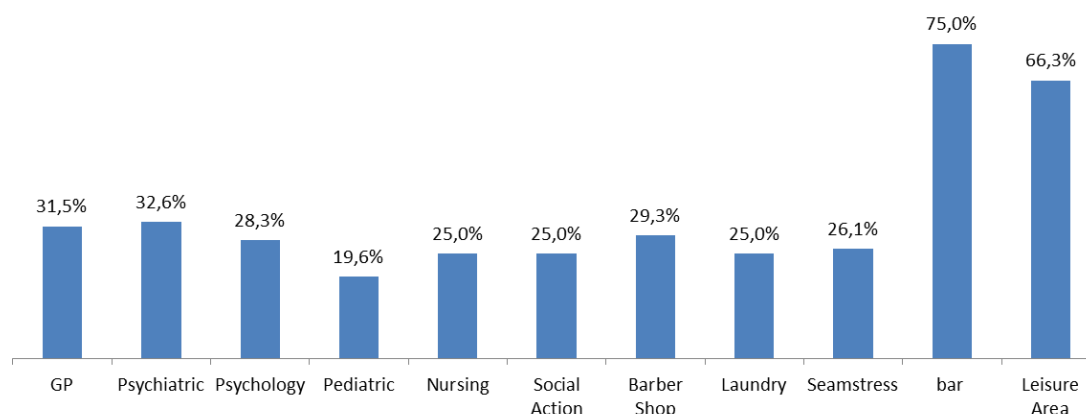
**Figure 9: Interest in a center (Lisbon Sample)**



Note: Only including respondents living in the Lisbon area

Nevertheless 41 per cent of those who were aware of the center existence have effectively used at least one of the center's services and therefore might serve as clues of the "popularity" of the different kind of services. It is clear, through an analysis of figure 10, that the bar and the leisure area are among the most used services, as 75 and 66 percent respectively, have use it while the other service struggle to have more than 35 percent of the users.

**Figure 10: Usage of the Lisbon's center**



Note: Only including respondents living in the Lisbon area

### 5.3.4 Regression analyses

As we have seen on the previous section, time to reach the center seems to play a major role on its usage. Nevertheless, there might be other factors that have influence on the use or non-use of the center. The regression analysis is a tool that allows measuring how much a variable influence the dependent variable when controlling for other factors (Shingler, Loon, Alter & Bridger, 2008).

For this analysis we have the objective to understand the impact of different variables in the usage of the Lisbon center which is therefore our dependent variable. For the definition of the dependent variable we chose factors that might influence the center usage such as: age, if they have or not children, monthly net income, type of work-schedule, police rank, time spent in

getting to work, the usual method of transportation and the time spent in getting to work and to get to the center location. Table 17 presents descriptive statistics for these variables.

**Table 17: Descriptive statistics**

	Descriptive	
	Mean	St dev.
Age	43,13	7,755
Children at school age (yes=1)	0,66	,476
Monthly income	1420,64	236,765
Years of education	11,81	1,893
Fixed schedule=1	0,43	,496
Low rank =1	0,80	,404
Time to go to work	37,62	19,657
Individual transport=1	0,55	,498
Time spent to get to the Lisbon's center	57,29	34,191
N	179	

Table 18 presents four specifications regarding the decision of using the center or not.<sup>17</sup> While most included variables are not statistically significant, the ones which are always relate to distance. The time spent in getting to the center, the time to get to work, and having an individual transport are the only variables statistically significant. The time spending on getting to the center is negatively associated with its usage as expected, but the other variables have unexpected signs. The more the time to get to work the more is the usage of the center, which may be related that once one controls for other variables the farther one is from work, the multiple service offers from the center may be useful. Also surprisingly the car usage is negatively associated with center usage which may suggest that those who use the individual transport live farther away and therefore do not use the center. In terms of magnitudes, once one weighs the coefficient by the mean value of the variable we find that the variable with larger impact on center usage is the time one spends reaching it.

**Table 18: Linear regression estimates**

	Specification 1			Specification 2			Specification 3			Specification 4		
	B	St error	t	B	St error	t	B	St error	t	B	St error	t
Constant	0,996	0,258	3,742	0,777	0,290	2,684	0,622	0,289	2,154	0,953	0,292	3,268
Age	0,003	0,005	0,599	0,002	0,005	0,318	0,000	0,005	-0,025	-0,001	0,005	-0,164
Children at school age (yes=1)	0,17	0,078	0,222	-0,009	0,080	-0,111	-0,019	0,079	-0,239	-0,033	0,079	-0,412
Monthly income	0,000	0,000	-1,856	0,000	0,000	-1,232	0,000	0,000	-0,856	0,000	0,000	-0,696
Fixed schedule=1	-0,030	0,075	-0,402	0,005	0,078	0,069	-0,071	0,081	-0,871	-0,047	0,079	-0,597
Low rank =1				0,147	0,103	1,420	0,154	0,101	1,517	0,161	0,102	1,581
Time to go to work							0,006	0,002	2,858			
Individual transport=1										-0,219	0,081	-2,722
Time spent to get to the Lisbon's center	-0,004	0,001	-3,740	-0,004	0,001	-3,622	-0,005	0,001	-4,311	-0,005	0,001	-4,365
N	179			179			179			179		
R-Squared	0,097			0,107			0,148			0,144		

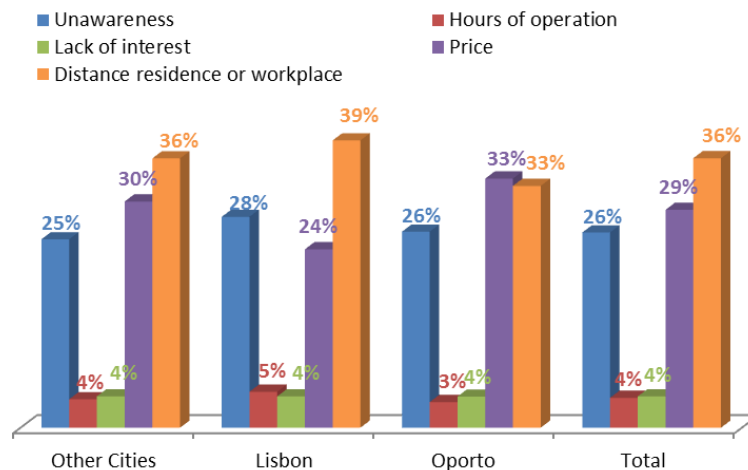
Note: Regression of the Lisbon sample.

<sup>17</sup> A dichotomous dependent variable such as the usage of the center (yes=1/no=0) calls for another type of estimation such as logistic or probit estimations. Due to time constraints only linear regression estimates appropriate for continuous variables are presented.

### 5.3.5 Reasons for not use the centralized provision of services

As it was demonstrated, on the previous chapter, most of the SSPSP's beneficiaries are interested in a centralized provision of services. However given the performance of the one existing in Lisbon it is relevant to assess what could prevent them to utilize it if implemented in another city.

**Figure 11: What would prevent you from utilizing a centralized provision of services**

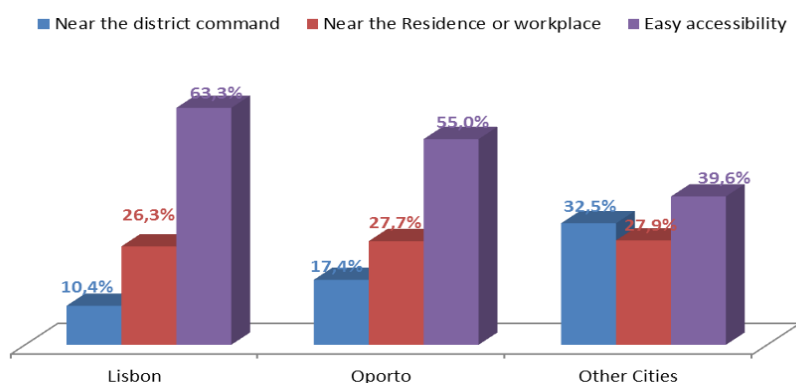


Source: Including all respondents

Analyzing the questionnaire's answers we found that three variables stood out: the price of the services, the ignorance of its existence and the distance of their residence or workplace. While the distance from home or workplace emerges is the common denominator in all cities as the main reason that could prevent the SSPSP's beneficiaries from using the center. Yet in Lisbon the unawareness of center existence comes as the second reason for not utilize it while the price of the services appears as the third, while on the other cities the price comes in second place and the ignorance of its existence appears on third.

Nobody knows better than the SSPSP's beneficiaries when it comes to access their preference regarding the location for the centralized services, see the figure below for the results.

**Figure 12: Preferred location for the centralized provision of services**



Source: Only including respondents who are interested in a centralized provision of services

The easy accessibility appears to be the main factor behind the implementation of these centers. This factor is given greater importance in the largest cities Lisbon and Porto than in the rest of the country.

Interestingly the option close to home or work has the same weight in all cities, around 26 to 27 percent, however the great divergence appears in the role of the district command, while in Lisbon it only collects 10 percent of preferences, in the rest of the country 32 per cent of the respondents would choose it as the desired location for the center.

### 5.3.6 Ideal template for service delivery

To gauge interest in different types of services, respondents were asked to rank according to their opinion their interest in different kinds of services. The ranking was performed by a likert scale from 1 (Not interested) to 4 (very interested)<sup>18</sup>. Some of the services available to rank are already provided by the centralized provision in Lisbon while others are not on offer. Therefore we were able to establish the average opinion for each service in every city. However when analyzing the results we verify that the responses don't vary significantly across cities

Nonetheless there are different levels of interest across type of service. Services like the general practitioner, the nursing and the refectory are clearly more popular than the ironing, laundry, financial planning the barber shop, the day center and the kindergarten.

The desired template of service delivery in Oporto does not change from the existent services in Lisbon as the more popular services are already provided by the Lisbon's center. Nevertheless new services such as the refectory and legal support seem to be a popular choice for service delivery in the upcoming Oporto's center, by contrast existing services such as the ironing, laundry and the barber shop don't seem quite as popular despite being among the classification of "interested".

**Table 19: Services requested by the SSPSP's beneficiaries**

	Lisbon	Oporto	Other Cities	Total
GP (Family Doctor)	3,41	3,40	3,40	3,40
Nursing	3,36	3,38	3,34	3,35
Refectory	3,12	3,12	3,07	3,09
Pediatrics	3,08	3,10	3,07	3,08
Bar / Cafeteria	3,07	3,09	3,06	3,07
Legal Support	3,06	3,08	3,05	3,06
Psychology	2,83	3,03	2,95	2,94
Leisure Area	2,86	2,95	2,93	2,91
Social Workers	2,87	2,91	2,89	2,89
Psychiatry	2,79	2,95	2,84	2,84
Nursery/ Kindergarten	2,77	2,93	2,77	2,79
Day Center (Senior Support)	2,65	2,74	2,69	2,69
Barber shop	2,72	2,83	2,63	2,69
Financial Planning	2,66	2,69	2,68	2,68
Laundry	2,45	2,53	2,44	2,46
Ironing	2,46	2,52	2,42	2,45

[0,0 – 1,4] → Not interested
[1,5 – 2,4] → Not very interested
[2,5 – 3,4] → Interested
[3,5 – 4,0] → Very interested

<sup>18</sup> Likert Scale: 1. Not interested, 2. Not very interested, 3. Interested, 4. Very Interested; Do not Know (Not accounted for)



## CHAPTER VI: CONCLUSION AND POLICY IMPLICATIONS

This chapter represents the conclusion and recommendations for the centralized provision of services policy of the Portuguese police social services..

### 6.1 Summary

While across Europe modern welfare states were being developed, Portugal lagged behind despite earlier ambitious legislation efforts that were often not enforced. The *Estado Novo* promoted access to social rights through corporatist insurance bodies with a creation of exclusive social services to each professional corporation, such as the social services of the Portuguese police (SSPSP), studied in this thesis, but left a majority of the population without affordable access to these types of services.

Following the democratic revolution in 1974, there was an implementation of a set of universal social rights and institutions and later, after its entry in the European Union in 1986, social rights expanded and its provision improved through an increase in the overall level of social expenditure. This led to the implementation of a modern welfare state in Portugal. (Ferrera, 2005)

During this period the Portuguese state began providing a set of universal services. Some of the earlier arrangements disappeared as the new ones were implemented, which left a multiplicity and overlapping of solutions and an atomicity of social services of different public organizations that often provide similar and overlapping services. As a result many of the services provided by the analyzed social department of the Portuguese police (SSPSP) are also provided by other public and private sector organizations.

The European crisis and the subsequent Portuguese financial bailout in 2011 put social policies under heavy pressure as the current debate focus mostly on budgetary cuts and subsequently, the one million dollar question is how can governments use the limited public resources more effectively?

Conflicting with this tendency, the social services from the Portuguese police (SSPPS) has been expanding its service and it created, in 2009, a centralized provision of services in Lisbon with plans to expand it to other cities, particularly in Oporto in 2013. On the one hand the expansion of this centralized provision of services might go against the effective use of public resources, on the other an argument can be made that is perhaps on recessive period that social policies are more needed, and this centralize might play an important role in the SSPSP's beneficiaries life.

## 6.2 Results

Even though the cost-benefit analysis indicates that the implementation of a centralized provision of services in Oporto can be supported by the SSPSP budget, we found that it is highly discouraged both financially and otherwise.

First, because when analyzing the existing center in Lisbon we find that it is an expensive solution for service provision, since it has an average annual cost 172.820,64 €, with each of its users costing 78,55€ per usage. This a lower bound estimates as there are other expenses paid directly by PSP.

Second, the cost-benefit analysis indicates that the extinction of this policy could generate an estimate saving of 2.404.967,51€ in a five years period, which represents 19€ per beneficiary.

Finally, only 14 per cent of the center's potential users have used it. The results indicate that the distance is major factor in its usage as when the delay-time to reach the Lisbon's center increases its utilization decreases. This result is reinforced by the respondents when they indicated the distance as the main factor that would prevent them to use a center if implemented in their city.

## 6.3 Policy Implications

The questionnaire results show very clearly that demand for the service seems to be there as 66 per cent of the SSPSP's beneficiaries (or 64 per cent in Lisbon) would be interested in a centralized provision of services. However this result is quite contradictory with the Lisbon's center usage with only 14% of the beneficiaries using it. After a more careful data analysis, the explanation to this puzzle regards that most of its potential users were not even aware of the center's existence, suggesting that the advertising of the service has been largely insufficient. Moreover, this suggests that the activity or part of it may be unnecessary as the beneficiaries did not feel the urge of looking for its services there.

More importantly, the time taken to reach the center seems to be a key issue in the usage of the Lisbon center. Users who take longer to reach the center are less likely to use the center, while not all services attract the same amount of users. Specialized activities seem to be highly demanded, but less specialized activities that can be easily accessible in a decentralized manner near one's residence or work. The exception is leisure activities whose high demand suggests the initial idea for the center was actually called for.

Therefore, the results suggest the center should go back to its initial idea of supplying a meeting and social point providing leisure activities and specialized services such as psychology and psychiatric support. This would reduce costs in rents as fewer services require less space and in wages of services or fees of services under demanded. The money saved could be used for saving, using for other purposes such the Oporto center or, considering that many of its services are actually paid by the users, reimbursing some of the users' costs. This would actually reduce the price of services and enhance access to the services by beneficiaries.

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# APPENDIX I: SAMPLE VS UNIVERSE

## 1.1 Age group

LISBON AGE GROUP	Universe		Sample	
	Frequency	Percent	Frequency	Percent
Blank/ Unknown	6	0,1	71	10,6
<25	504	4,3	1	0,1
25-34	3.511	30,0	136	20,4
35-44	3.417	29,2	251	37,6
45-54	3.051	26,1	174	26,0
55-64	1.069	9,1	35	5,2
>65	137	1,2		
<b>Total</b>	<b>11.695</b>	<b>100,0</b>	<b>668</b>	<b>100,0</b>

Oporto AGE GROUP	Universe		Sample	
	Frequency	Percent	Frequency	Percent
Blank/ Unknown	-	-	51	12,1
<25	1	,0	-	-
25-34	590	15,3	82	19,5
35-44	1.790	46,6	153	36,4
45-54	1.069	27,8	123	29,3
55-64	346	9,0	11	2,6
>65	49	1,3	-	-
<b>Total</b>	<b>3.845</b>	<b>100,0</b>	<b>420</b>	<b>100,0</b>

Other Cities AGE GROUP	Universe		Sample	
	Frequency	Percent	Frequency	Percent
Blank/ Unknown	1	,0	159	10,2
<25	15	,2	-	-
25-34	897	9,8	241	15,4
35-44	3.543	38,8	629	40,2
45-54	3.406	37,3	453	28,9
55-64	1.159	12,7	84	5,4
>65	113	1,2	-	-
<b>Total</b>	<b>9.134</b>	<b>100,0</b>	<b>1.566</b>	<b>100,0</b>

## 1.2 Gender

LISBON GENDER	Universe		Sample	
	Frequency	Percent	Frequency	Percent
Blank/ Unknown	1	0,0	-	-
Female	1.271	10,9	77	11,5
Male	10.423	89,1	591	88,5
<b>Total</b>	<b>11.695</b>	<b>100,0</b>	<b>668</b>	<b>100,0</b>

Oporto GENDER	Universe		Sample	
	Frequency	Percent	Frequency	Percent
Blank/ Unknown	1	,0	-	-
Female	313	8,1	28	6,7
Male	3.531	91,8	392	93,3
<b>Total</b>	<b>3.845</b>	<b>100,0</b>	<b>420</b>	<b>100,0</b>

Other Cities GENDER	Universe		Sample	
	Frequency	Percent	Frequency	Percent
Blank/ Unknown	3	,0	-	-
Female	1.083	11,9	157	10,0
Male	8.048	88,1	1.409	90,0
<b>Total</b>	<b>9.134</b>	<b>100,0</b>	<b>1.566</b>	<b>100,0</b>

### 1.3 Rank

LISBON RANK	Universe		Sample	
	Frequency	Percent	Frequency	Percent
Blank/ Unknown	352	3,0	16	2,4
Civil	353	3,0	42	6,3
High rank police officer	376	3,2	43	6,4
Low rank police officer	10.614	90,8	567	84,9
<b>Total</b>	<b>11.695</b>	<b>100,0</b>	<b>668</b>	<b>100,0</b>

OPORTO RANK	Universe		Sample	
	Frequency	Percent	Frequency	Percent
Blank/ Unknown	62	1,6	13	3,1
Civil	64	1,7	20	4,8
High rank police officer	116	3,0	19	4,5
Low rank police officer	3.603	93,7	368	87,6
<b>Total</b>	<b>3.845</b>	<b>100,0</b>	<b>420</b>	<b>100,0</b>

OTHER CITIES RANK	Universe		Sample	
	Frequency	Percent	Frequency	Percent
Blank/ Unknown	235	2,6	39	2,5
Civil	334	3,7	115	7,3
High rank police officer	290	3,2	75	4,8
Low rank police officer	8.275	90,6	1.337	85,4
<b>Total</b>	<b>9.134</b>	<b>100,0</b>	<b>1.566</b>	<b>100,0</b>

## APPENDIX II: QUESTIONNAIRE'S RESPONSES<sup>19</sup>

### Section 1: Generic Data

#### 1.01 Age

- **Average:** 42;
- **Mean:** 42
- **Mode:** 44

Age	Total Responses	%
22	1	.0
25	21	.8
26	28	1.0
27	36	1.3
28	52	1.9
29	51	1.9
30	45	1.7
31	63	2.3
32	65	2.4
33	46	1.7
34	54	2.0
35	94	3.5
36	121	4.5
37	119	4.4
38	102	3.8
39	100	3.7
40	90	3.4
41	75	2.8
42	80	3.0
43	116	4.3
44	146	5.4
45	109	4.1
46	76	2.8
47	90	3.4
48	68	2.5
49	66	2.5
50	88	3.3
51	77	2.9
52	66	2.5
53	60	2.2
54	56	2.1
55	65	2.4
56	42	1.6
57	16	.6
58	7	.3
59	6	.2
60	1	.0
61	1	.0
62	1	.0
TOTAL	2400	100.0

<sup>19</sup> Web Questionnaire Link: This questionnaire is an identical copy of the one distributed to the SSPSP's beneficiaries.  
[https://qtrial.qualtrics.com/SE/?SID=SV\\_bEHIWAoIYWf2IDL](https://qtrial.qualtrics.com/SE/?SID=SV_bEHIWAoIYWf2IDL)

## 1.02 Gender

		TR	%
Male		2.419	90%
Female		265	10%
Total		2.684	100%

## 1.03 City

	TR	%
Lisbon	676	25,19%
Oporto	424	15,80%
Setúbal	293	10,92%
Santarém	149	5,55%
Faro	134	4,99%
Azores	133	4,96%
Braga	117	4,36%
Coimbra	107	3,99%
Aveiro	103	3,84%
Madeira	96	3,58%
Leiria	95	3,54%
Viseu	72	2,68%
Viana do Castelo	44	1,64%
Beja	40	1,49%
Castelo Branco	36	1,34%
Bragança	34	1,27%
Portalegre	34	1,27%
Évora	30	1,12%
Vila Real	28	1,04%
Guarda	25	0,93%
Total	2.684	100,00%

## 1.04 Marital Status

		N	%
Single		335	13%
Committed		180	7%
Married		1.937	72%
Separated, but still legally married		16	1%
widower		15	1%
Divorced		194	7%
Total		2.677	100%

## 1.05 Select your highest level of education

		N	%
None		1	0%
- 4 years of schooling		2	0%
4 years of schooling		24	1%
6 years of schooling		73	3%
9 years of schooling		321	12%
10 years of schooling		119	4%
11 years of schooling		275	10%
12 years of schooling		1.515	57%
Higher Education		328	12%
Total		2.658	100%

## 1.06 Do you have children at school age?

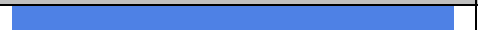


		TR	%
Yes		1.683	63%
No		997	37%
Total		2.680	100%








### 1.07 Number of children at school age?

	1	2	3	4	5
Children in Preschool age	372	44	4	1	1
Children between 1 <sup>st</sup> 4 <sup>th</sup> Grade	450	38	1	0	0
Children between the 5 <sup>th</sup> and 9 <sup>th</sup> grade	528	49	5	0	0
Children between the 10 <sup>th</sup> and 12 <sup>th</sup> grade	342	21	1	1	0
Children at Higher Education	222	33	0	0	0
Total	1.914	185	11	2	1










### 1.08 What is your employment status?

		TR	%
Active		2.634	98%
Reform/ Pre Reform		30	1%
Other		20	1%
Total		2.684	100%




### 1.09 Select your professional category

		TR	%
High Rank Police Officer		143	5%
Midle Rank Police Officer		441	16%
Low Rank Police Officer		1.841	69%
Civilian Employee		184	7%
Other		74	3%
Total		2.683	100%





### 1.10 Monthly net income

		TR	%
Minus 500€		3	0%
501€ to 999€		368	14%
1.000€ to 1.199€		746	28%
1.200€ to 1.399€		999	38%
1.400€ to 1.599€		382	14%
1.600€ to 1.799€		87	3%
1.800€ to 1.999€		36	1%
2.000€ to 2.999€		34	1%
More than 3.000€		6	0%
Total		2.661	100%

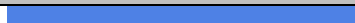

### 1.11 How do you usually go to the workplace

		TR	%
On foot		164	6%
Public transport		804	30%
Individual transport		1.682	63%
Total		2.650	100%

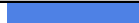

### 1.12 Time spent on getting to work?

		TR	%
Less than 5 minutes		187	7%
Between 5 to 15 minutes		918	35%
Between 15 to 30 minutes		722	27%
More than 30 minutos		810	31%
Total		2.637	100%

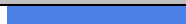

### 1.13 What kind of service do you do?

		TR	%
Operational		2.044	77%
Not Operational		600	23%
Total		2.644	100%

### 1.14 Working hours?

		TR	%
Fixed Time		792	30%
Shifts		1.859	70%
Total		2.651	100%

### 1.15 Do you work overtime?

		TR	%
Yes		1.046	40%
No		1.594	60%
Total		2.640	100%

## Section 2: Provision of Social Services

### 2.01 How often do you use this services?

	1	2	3	4	#	TR	Average
GP/ Pediatrics / Nursing	453	1396	349	415	26	2639	2,3
Psychology / Psychiatry	1937	440	62	64	35	2538	1,3
Social Workers		373	33	18	74	2513	1,2
Legal Support	1961	491	22	11	43	2528	1,2
Financial Planning	2107	304	25	30	58	2524	1,2
Kindergarten/ Nursery	1966	172	16	330	44	2528	1,5
Senior Support	2290	142	8	12	59	2511	1,1
Laundry/ Ironing	2104	241	94	42	41	2522	1,2
Hairdresser / Barber	1367	394	248	526	33	2568	2,0

1. Never; 2. Just in case of need; 3 Sporadically; Regularly; # Don't know







### 2.02 Where do you usually access these services?

	Near Work		Close to Home		Don't Know	TR
	TR	%	TR	%		
GP/ Pediatrics / Nursing	771	36,7%	1.332	63,3%	273	2.376
Psychology / Psychiatry	194	37,9%	318	62,1%	1.077	1.589
Social Workers	111	33,9%	216	66,1%	1.176	1.503
Legal Support	191	43,5%	248	56,5%	1.078	1.517
Financial Planning	103	31,2%	227	68,8%	1.165	1.495
Kindergarten/ Nursery	100	16,3%	512	83,7%	996	1.608
Senior Support	44	20,0%	176	80,0%	1.235	1.455
Laundry / Ironing	78	16,5%	396	83,5%	1.064	1.538
Hairdresser / Barber	372	30,5%	846	69,5%	657	1.875

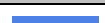






### 2.03 What services would you be interested to be delivered in centralized provision of services?

	1	2	3	4	#	TR	Average
GP (Family Doctor)	79	118	1033	1292	90	2612	3,4
Pediatrics	237	270	770	922	175	2374	3,1
Nursing	79	135	1055	1142	97	2508	3,4
Psychology	219	407	828	710	178	2342	2,9
Psychiatry	259	434	767	627	207	2294	2,8
Social Workers	230	408	851	635	188	2312	2,9
Legal Support	152	316	981	755	166	2370	3,1
Financial Planning	307	539	703	497	222	2268	2,7
Nursery/ Kindergarten	368	401	597	709	207	2282	2,8
Day Center (Senior Support)	334	458	717	508	239	2256	2,7
Laundry	461	588	584	409	214	2256	2,5
Ironing	470	580	572	406	218	2246	2,5
barber shop	364	469	739	539	178	2289	2,7
Gathering Area (Snooker, TV with sports channels, etc;)	231	377	929	656	153	2346	2,9
Refectory	170	286	962	826	138	2382	3,1
Bar / Cafeteria	178	280	998	792	132	2380	3,1




### 2.05 What is the ideal location for the implementation of a centralized provision of social and complementary service?

		TR	%
Near my residence		551	21%
Near my workplace		513	19%
Along the PSP's command of my city		473	18%
Location with good public transport accessibility		904	34%
Location with good accessibility of individual transport		123	5%
Other		74	3%
Total		2.638	100%



### 2.06 What is the strongest motive that would prevent you from using a centralized provision of services?

		TR	%
Ignorance of the existence of the Single Center		685	26%
Distance from my residence		704	27%
Distance from my workplace		238	9%
Price of Services		755	29%
Business hours of the Centralized Social Center		103	4%
I have no interest in the services provided		108	4%
Other		32	1%
Total		2.625	100%

### 2.07 Would you be interested in a centralized provision of services?






		TR	%
I do not Know		172	6,5%
Not Interested		740	27,9%
Interested		1.742	65,6%
Total		2.654	100%

## 2.08 Were you aware that there is a centralized provision of services in Lisbon?

		TR	%
Yes		568	21%
No		2.116	79%
Total		2.684	100%

The questions 2.09 and 2.10 were only available to those who answered yes on the previous question.

## 2.09 Using your usual mode of transport, how long does it take to get to the centralized provision of social and complementary service in Lisbon








		TR	%
Less than 5 minutes		13	3%
Between 5 to 15 minutes		30	6%
Between 15 to 30 minutes		93	19%
Between 30 minutes to 1 hour		134	28%
Over 1 hour		210	44%
Total		480	100%

## 2.10 Please select the frequency that you use the centralized provision of social and complementary service in Lisbon

	1	2	3	4	#	TR	Average
GP	435	57	10	7	8	517	1,19
Psychiatric	446	38	7	7	9	507	1,15
Psychology	439	39	6	6	9	499	1,14
Pediatric	446	31	5	6	9	497	1,12
Nursing	437	45	7	1	10	500	1,13
Social Workers	442	40	3	3	11	499	1,11
Barber Shop	435	32	18	6	10	501	1,18
Laundry	443	31	11	1	10	496	1,12
Ironing	443	31	9	3	10	496	1,12
Bar	362	35	67	30	11	505	1,52
Leisure Area	362	28	69	25	13	497	1,50

1. Never; 2. just in case of need; 3 sporadically; regularly; # Don't know

## 2.11 What is the strongest motive that prevents you to use the centralized provision of social and complementary service in Lisbon

		TR	%
Ignorance of the existence of the Lisbon's Centralized Social Center		826	31%
Distance from my residence		979	37%
Distance from my workplace		236	9%
Price of the Services		343	13%
Business hours of the Lisbon's Centralized Social Center		46	2%
I have no interest in the services provided		130	5%
Other		78	3%
Total		2.638	100%

## Section 3: SSPSP's Global Performance

### 3.01 Please rank the SSPSP's performance

	1	2	3	4	#	TR	Average
Services Provided	229	554	1149	129	541	2602	2.6
Speed in response	183	480	1055	120	726	2564	2.6
Dissemination of services	299	796	1008	105	367	2575	2.4
Communication with the beneficiaries	378	854	865	87	393	2577	2.3
Possibility to suggest improvements	221	627	903	118	654	2523	2.5
Information available online	224	691	1084	134	436	2569	2.5
Overall performance	275	639	1094	111	470	2589	2.5

1. Very dissatisfied; 2. Dissatisfied; 3 Satisfied; 4 Very Satisfied; #Do not Know

### 3.02 Would you be interested to receive information about the institution?

	TR	%
Yes	1.992	78%
No	554	22%
Total	2.546	100%

### 3.03 Select the best way to receive information concerning the SSPSP?

	TR	%
Professional Email I	1.496	71%
Personal Email	385	18%
SMS	15	1%
Phone	5	0%
Cellphone	24	1%
SSPSP Website	160	8%
Social Networks	10	0%
Internal Communications	24	1%
Total	2.119	100%

### 3.04 Select the worst way to receive information concerning the SSPSP?

	TR	%
Professional Email I	52	2%
Personal Email	36	2%
SMS	189	9%
Phone	323	15%
Cellphone	358	17%
SSPSP Website	71	3%
Social Networks	410	20%
Internal Communications	645	31%
Total	2.084	100%

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## **AUTHORIZATHION FOR DATA DISCLOSURE**



